

**Mississippi Department of Mental Health
Annual Report
Fiscal Year 1997**

**Presented To
State Board of Mental Health**

**Prepared By
Theresa A. Smith, Director
Division of Planning/Public Information**

Approved By

A handwritten signature in cursive script, reading "Albert R. Hendrix", written over a horizontal line.

**Albert R. Hendrix, Ph.D.
Executive Director**

**MISSISSIPPI DEPARTMENT OF MENTAL HEALTH
BOARD MEMBERS**

**FISCAL YEAR 1997
(July 1, 1996 - June 30, 1997)**

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Albert R. Hendrix, Ph.D.
Executive Director

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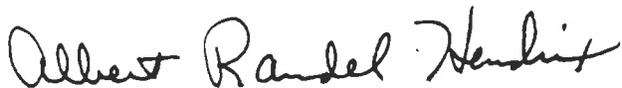
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Message From the Executive Director

This FY 1997 Annual Report provides an overview of the organization, services and major areas of responsibility of the Mississippi Department of Mental Health. The first section of the report includes general information about the Department, its philosophy, structure and organization. This information is followed by descriptions of the major service delivery systems administered by the Department, with the majority of the report being comprised of progress highlights for these service areas for fiscal year 1997.

The Mississippi Department of Mental Health is committed to developing, maintaining and improving continually a comprehensive, statewide service delivery system of prevention and service options for adults and children with mental illness or emotional disturbance, alcohol/drug abuse problems and/or mental retardation and developmental disabilities. As illustrated in this report, the Department continued in fiscal year 1997 to make strides in the improvement and expansion of this service delivery system.

The progress summarized in this report was made possible by the hard work and dedication of many. Specifically, the continued support and concern of the Mississippi Legislature and the Governor have made ongoing improvements to the public mental health/mental retardation service delivery system possible. The Department would also like to recognize the members of the State Board of Mental Health, the staff of the Department of Mental Health and staff from other service providers with whom we network, all of whom have made great contributions to bring to fruition all of the accomplishments outlined in this report. Finally, the Department is extremely grateful to the many consumers, family members and other concerned citizens whose ongoing collaboration with the Department has led to the identification of service needs and areas for improvement, in addition to the development of strategies to address these issues. It is through this spirit of cooperation and collaboration that the Department has been able to realize the progress outlined in this report and through which the Department looks forward to continuing its goal of increasing the availability, accessibility and quality of the services it provides to the citizens of Mississippi.



Albert R. Hendrix, Ph.D.
Executive Director

Philosophy of the Department of Mental Health

The Department of Mental Health is committed to developing and maintaining a comprehensive, statewide system of prevention and service options for adults and children with mental illness or emotional disturbance, with alcohol/drug abuse problems, and/or with mental retardation or developmental disabilities. This array of services includes prevention, treatment and training services in inpatient or institutional settings, as well as a system of community-based treatment, residential and support services including transitional and aftercare programs.

The Department supports the philosophy of making available a comprehensive system of services so that individual consumers and their families have access to the least restrictive and appropriate level of services that will meet their needs. The seven regional facilities operated by the Department of Mental Health, the 15 regional community mental health/mental retardation centers and other nonprofit agencies that receive funding through the Department form a statewide network of public services and support systems. Consistent with its philosophy, the Department strives to maintain high standards and to continually improve the availability, accessibility and quality of services provided through this public system. This annual report describes the progress made during Fiscal Year 1997 by the Department and its affiliated service providers in accomplishing this long-term goal.

A priority of the Department is to work with individual consumers and their families to develop the capacity of communities, so that needed services and supports can be offered locally. The Department has attempted to do this by developing an array of community programs that will provide services to individuals as close to their homes and communities as possible. The Department hopes to prevent or reduce unnecessary use of inpatient or institutional services when individual needs can be met in less intensive or restrictive levels of care.

The Department also works to provide accessible inpatient and institutional services as part of the comprehensive statewide service network for individuals who need services of this nature and intensity. Therefore, efforts to maintain and improve the quality of services provided at the two psychiatric hospitals and five regional centers for persons with developmental disabilities are ongoing. Underlying these efforts in both community and inpatient or residential services is the belief that all components of the system should be consumer-centered and build on individuals' and their families' strengths, while also meeting their needs for special services.

Finally, in accomplishing its mission of developing an accessible, comprehensive service system for individuals with mental illness, alcohol/drug abuse problems, and/or mental retardation/developmental disabilities, the Department of Mental Health is committed to its obligation to efficiently administer its human and fiscal resources, as well as to identify and communicate existing needs and advocate for resources to meet those needs.

Overview of the Service System

Statutory Authority of the Department of Mental Health

The Mississippi Department of Mental Health is the state agency charged with administering the public system of mental health, mental retardation/developmental disabilities and alcohol/drug abuse services. The agency was created in 1974 by an Act of the Mississippi Legislature, Regular Session. The statute placed into one agency mental health, alcohol/drug abuse, and mental retardation programs which had previously been under the direction of the State Board of Health, the Interagency Commission on Mental Illness and Mental Retardation, the Board of Trustees of Mental Institutions, and the Governor's Office. The creation, organization and duties of the Mississippi Department of Mental Health are defined in the annotated Mississippi Code of 1972 under Section 41-4-1 et. seq.

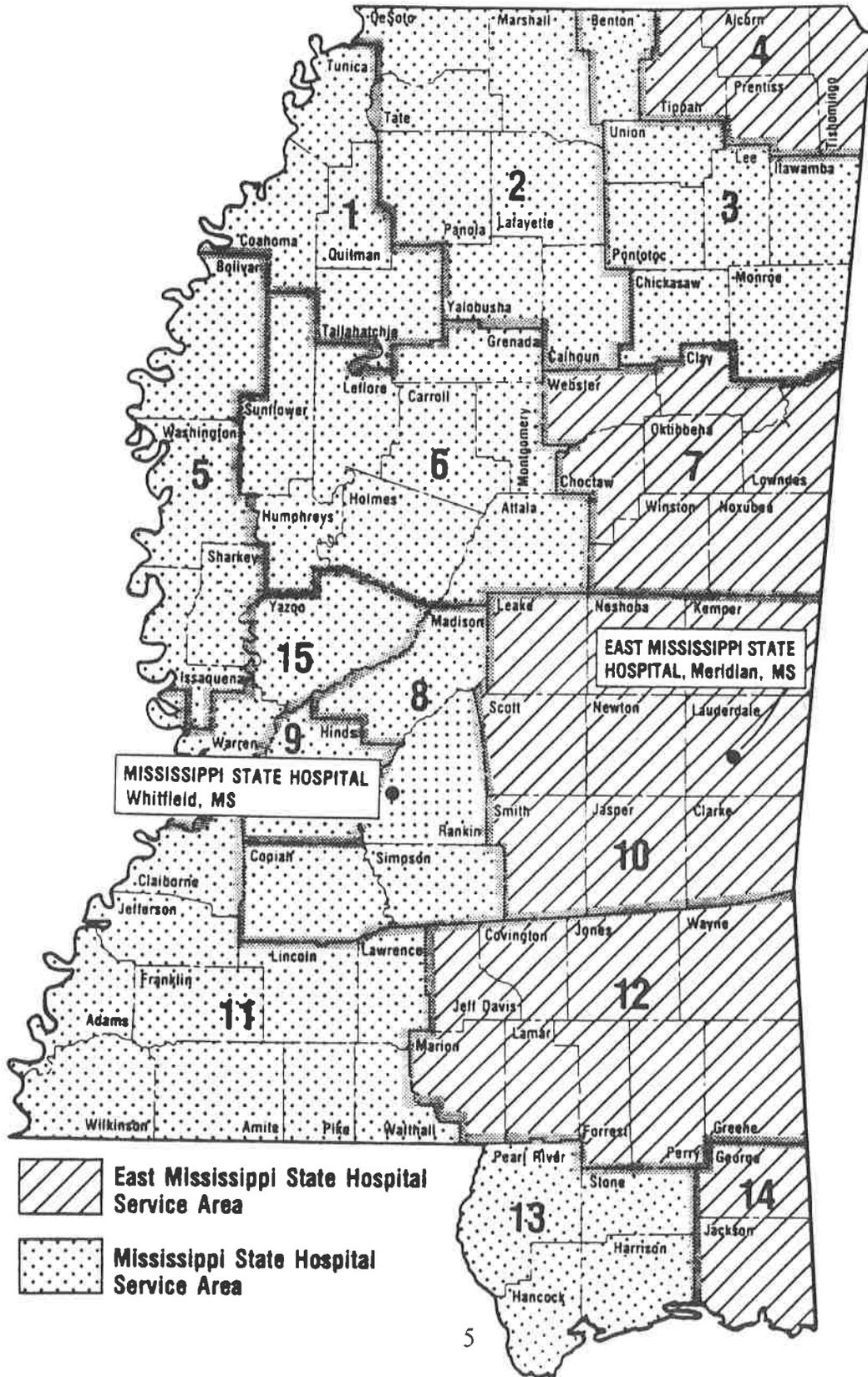
The network of services comprising the public system is delivered through three major components:

State-operated facilities include the two state psychiatric facilities (see map, p. 5 and list, p. 6) and five regional centers for persons with developmental disabilities (see map, p. 7 and list, p. 8) operated directly by the Department of Mental Health. These facilities serve designated counties or "catchment" areas in the state and provide inpatient psychiatric, chemical dependence, forensic, and limited medical/surgical hospital services, some community mental health services in areas near the state psychiatric hospitals, intermediate care facility services for persons with mental retardation, and a range of community services for persons with developmental disabilities. Nursing facility services were also provided by Ellisville State School during the first part of FY 1997 (These facilities were converted to ICF/MR facilities on January 1, 1997). Nursing homes are also located on the campuses of the state psychiatric facilities.

Regional community mental health/mental retardation centers operate under the supervision of regional commissions appointed by county boards of supervisors comprising their respective service areas. The 15 regional centers make available a range of community-based mental health, substance abuse and mental retardation/developmental disabilities services (see map, p. 9 and list, pp. 10-12). The Regional Commission Act, passed in 1966 and amended in 1972, 1974, and 1977, provides the structure for this community program development by authorizing counties to join together and form multi-county regional commissions on mental health and mental retardation to plan and implement services on their respective areas. The governing authorities are considered regional and not state level entities. The State Department of Mental Health is responsible for certifying, monitoring, and assisting the regional community mental health centers, but does not interfere in their internal day-to-day operation. These regional community mental health centers are the primary service providers with whom the Department of Mental Health contracts to provide community-based services. Generally, community mental health centers have the first option to contract to provide mental health services when funds are available. In addition to state and federal funds, these centers receive county tax funds and generate funds through sliding fees for services, third party payments, including Medicaid, grants from other agencies, such as the United Way, service contracts, and donations.

Other Nonprofit Service Agencies/Organizations, which make up a smaller part of the service system, may also receive funding through the Department of Mental Health to provide community-based services. Many of these nonprofit corporations may receive additional funding from other sources, such as grants from other state service agencies, community service agencies, donations, etc. Programs currently provided through these nonprofit agencies include community-based alcohol/drug abuse services, community services for persons with developmental disabilities and community prevention or treatment services for children with mental illness or emotional problems.

Mississippi Department of Mental Health Comprehensive Regional Psychiatric Facilities Service Areas

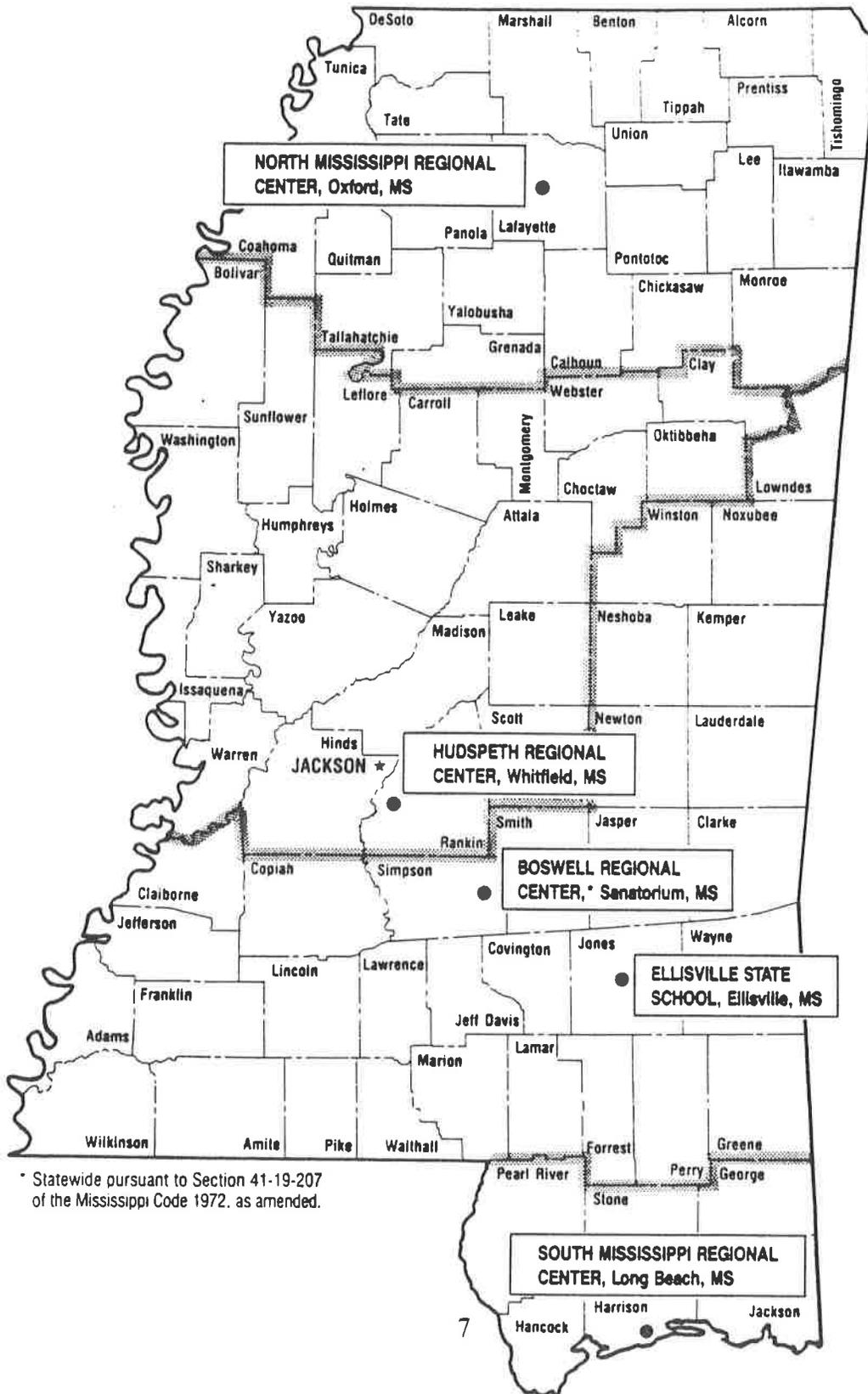


**MISSISSIPPI DEPARTMENT OF MENTAL HEALTH
COMPREHENSIVE REGIONAL PSYCHIATRIC FACILITIES**

East Mississippi State Hospital
Ramiro Martinez, M.D., Director
P. O. Box 4128
West Station
Meridian, MS 39302-4128
(601) 482-6186

Mississippi State Hospital
J. G. Chastain, Director
P. O. Box 157-A
Whitfield, MS 39193
(601) 351-8000

**Mississippi Department of Mental Health
Comprehensive Regional Facilities Service Areas
For Persons with Developmental Disabilities**



* Statewide pursuant to Section 41-19-207 of the Mississippi Code 1972, as amended.

**MISSISSIPPI DEPARTMENT OF MENTAL HEALTH
COMPREHENSIVE REGIONAL FACILITIES SERVICE AREAS
FOR PERSONS WITH DEVELOPMENTAL DISABILITIES**

Boswell Regional Center
Suzie Lassiter, Director
P. O. Box 128
Sanatorium, MS 39112
(601) 849-3321

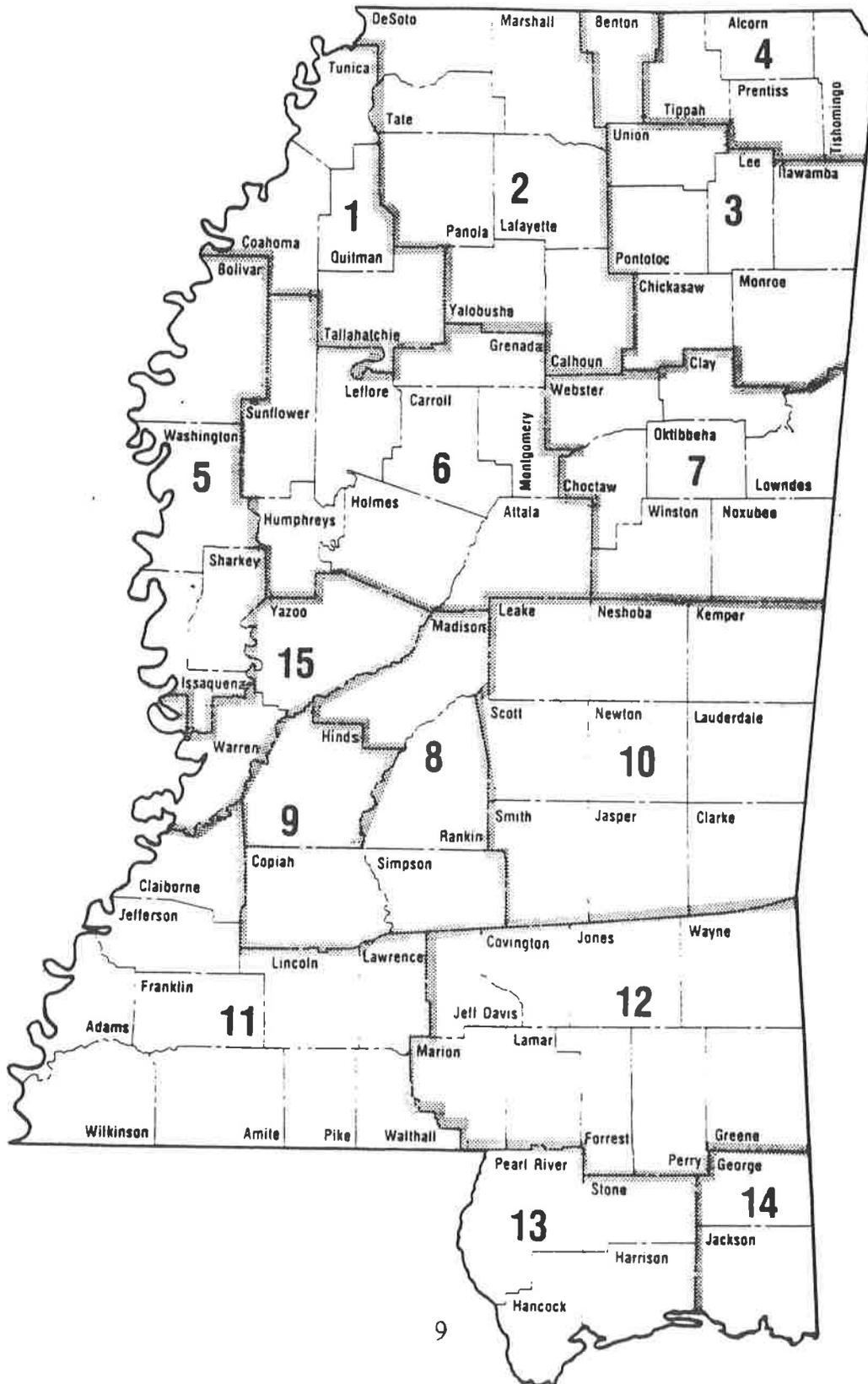
Ellisville State School
Clyde Woodruff, Director
Ellisville, MS 39437
(601) 477-9384

Hudspeth Regional Center
John P. Lipscomb, Ph.D., Director
P. O. Box 127-B
Whitfield, MS 39193
(601) 939-8640

North Mississippi Regional Center
Carole Haney, J.D., Director
P. O. Box 967
Oxford, MS 38655
(601) 234-1476

South Mississippi Regional Center
Pamela C. Baker, Ph.D., Director
1170 West Railroad Street
Long Beach, MS 39560
(228)868-2923

Mississippi Department of Mental Health Comprehensive Community Mental Health/Mental Retardation Regions



MISSISSIPPI DEPARTMENT OF MENTAL HEALTH
 COMPREHENSIVE COMMUNITY MENTAL HEALTH/MENTAL
 RETARDATION CENTERS

<p>Region 1: Coahoma, Quitman, Tallahatchie, Tunica</p>	<p>Region One Mental Health Center Newton B. Dodson, Executive Director 1742 Cheryl Street P. O. Box 1046 Clarksdale, MS 38614 (601) 627-7267</p>
<p>Region 2: Calhoun, DeSoto, Lafayette, Marshall, Panola, Tate, Yalobusha</p>	<p>Communicare Michael D. Roberts, Ph.D., Executive Director 152 Highway 7 South Oxford, MS 38655 (601) 234-7521</p>
<p>Region 3: Benton, Chickasaw, Itawamba, Lee, Monroe, Pontotoc, Union</p>	<p>Region III Mental Health Center Drue Sutherland, Executive Director 2434 South Eason Boulevard Tupelo, MS 38801 (601) 844-1717</p>
<p>Region 4: Alcorn, Prentiss, Tippah, Tishomingo</p>	<p>Timber Hills Mental Health Services Charlie D. Spearman, Sr., Acting Executive Director 601 Foote Street P. O. Box 839 Corinth, MS 38834 (601) 287-4424</p>
<p>Region 5: Bolivar, Issaquena, Sharkey, Washington</p>	<p>Delta Community Mental Health Services Gilbert S. Macvaugh, Jr., Ph.D., Director 1654 East Union Street P. O. Box 5365 Greenville, MS 38704-5365 (601) 335-5274</p>
<p>Region 6: Attala, Carroll, Grenada, Holmes, Humphreys, Leflore, Montgomery, Sunflower</p>	<p>Life Help Joe Downing, Executive Director Old Browning Road P. O. Box 1505 Greenwood, MS 38930 (601) 453-6211</p>
<p>Region 7: Choctaw, Clay, Lowndes, Noxubee, Oktibbeha, Webster, Winston</p>	<p>Community Counseling Services Jackie Edwards, Executive Director 302 North Jackson Street P. O. Box 1188 Starkville, MS 39759 (601) 323-9261</p>

<p>Region 8: Copiah, Madison, Rankin, Simpson</p>	<p>Region 8 Mental Health Services Dave Van, Executive Director 105 Office Park Drive (Administrative Office) 104 Service Drive (Service Office) P. O. Box 88 Brandon, MS 39043 (601) 824-0342 (Administrative); 825-8800 (Service)</p>
<p>Region 9: Hinds</p>	<p>Jackson Mental Health Center Margaret L. Harris, Director 969 Lakeland Drive St. Dominic/Jackson Memorial Hospital Jackson, MS 39216 (601) 364-6103</p>
<p>Region 10: Clarke, Jasper, Kemper, Lauderdale, Leake, Neshoba, Newton, Scott, Smith</p>	<p>Weems Community Mental Health Center Emry Kennedy, Executive Director 1415 College Road P. O. Box 4378 Meridian, MS 39304 (601) 483-4821</p>
<p>Region 11: Adams, Amite, Claiborne, Franklin, Jefferson, Lawrence, Lincoln, Pike, Walthall, Wilkinson</p>	<p>Southwest MS Mental Health Complex H. Raymond Wallace, Executive Director 1701 White Street P. O. Box 768 McComb, MS 39648 (601) 684-2173</p>
<p>Region 12: Covington, Forrest, Greene, Jeff Davis, Jones, Lamar, Marion, Perry, Wayne</p>	<p>Pine Belt Mental Healthcare Resources Charles Main, Ph.D., Executive Director 103 South 19th Avenue P. O. Drawer 1030 Hattiesburg, MS 39401 (601) 544-4641</p>
<p>Region 13: Hancock, Harrison, Pearl River, Stone</p>	<p>Gulf Coast Mental Health Center Jeffrey L. Bennett, Executive Director 1600 Broad Avenue Gulfport, MS 39501-3603 (601) 863-1132</p>
<p>Region 14: George, Jackson</p>	<p>Singing River Services Harrell Weathersby, Ph.D., Executive Director 3407 Shamrock Court Gautier, MS 39553 (228) 497-0690</p>

Region 15:
Warren, Yazoo

Warren-Yazoo Mental Health Service
Steve Roark, Executive Director
3444 Wisconsin Avenue
P. O. Box 820691
Vicksburg, MS 39182
(601) 638-0031

Department of Mental Health Resources

Financial Resources

In Fiscal Year 1997, Department of Mental Health expenditures for mental health, alcohol/drug abuse, and mental retardation services totaled \$309,180,000, up from \$284,273,000 expended in Fiscal Year 1996. These resources included both state funds and funds from other sources, primarily from the federal level, but exclude the federal share of Medicaid funds drawn by regional community mental health centers (CMHCs). Table 1a and Figure 1a provide a breakdown of revenues excluding federal Medicaid payments to CMHCs, while Table 1b and Figure 1b (page 14) include these payments.

Table 1a - Source of funding - excluding federal share of Medicaid to CMHCs

	1994		1995		1996		1997	
	%	Amount	%	Amount	%	Amount	%	Amount
General Funds	50.62%	106,179,000	53.03%	137,924,000	53.73%	152,741,000	51.53%	159,318,000
Federal grants	8.35%	17,518,000	7.44%	19,337,000	6.86%	19,494,000	6.99%	21,617,000
3% alcohol tax	1.45%	3,041,000	1.17%	3,036,000	1.12%	3,175,000	1.08%	3,340,000
Other**	39.58%	83,032,000	38.36%	99,772,000	38.30%	108,863,000	40.40%	124,905,000
Total	100.00%	209,770,000	100.00%	260,069,000	100.00%	284,273,000	100.00%	309,180,000

** Other includes Medicaid, patient/client fees, Medicare, and other self-generated funding.

Figure 1a: Source of Funds, FY 1997 - excluding federal Medicaid payments to CMHCs

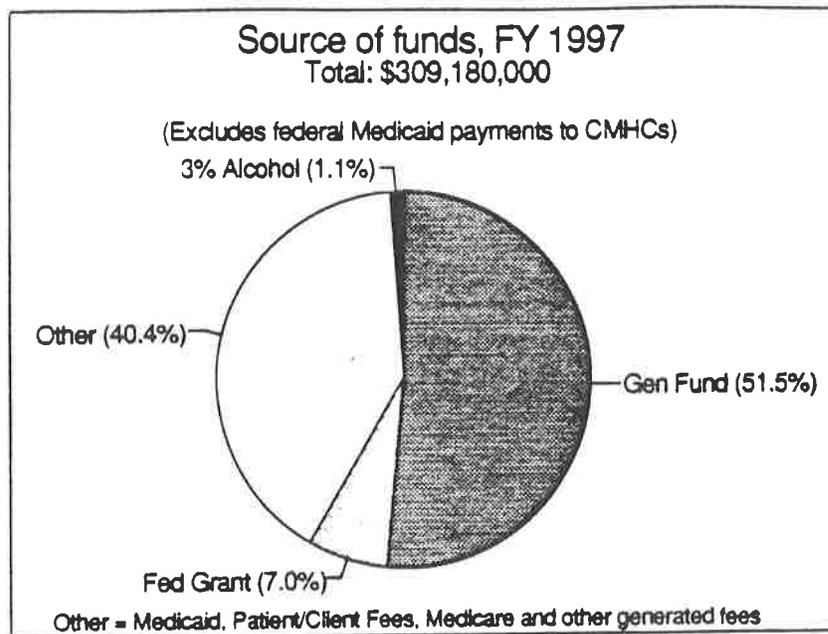


Table 1b. Source of funding - including federal share of Medicaid to CMHCs

	1994		1995		1996		1997	
	%	Amount	%	Amount	%	Amount	%	Amount
General Funds	46.03%	106,179,000	47.86%	137,924,000	48.94%	152,741,000	46.99%	159,318,000
Federal grants	7.60%	17,518,000	6.71%	19,337,000	6.25%	19,494,000	6.38%	21,617,000
3% alcohol tax	1.32%	3,041,000	1.05%	3,036,000	1.02%	3,175,000	0.99%	3,340,000
Other**	45.05%	103,911,000	44.37%	127,873,000	43.79%	136,664,000	45.65%	154,764,000
Total	100.00%	230,649,000	100.00%	288,170,000	100.00%	312,074,000	100.00%	339,039,000

** Other includes Medicaid, patient/client fees, Medicare, and other self-generated funding.

Figure 1b: Source of Funds, FY 1997 - including federal Medicaid payments to CMHCs.

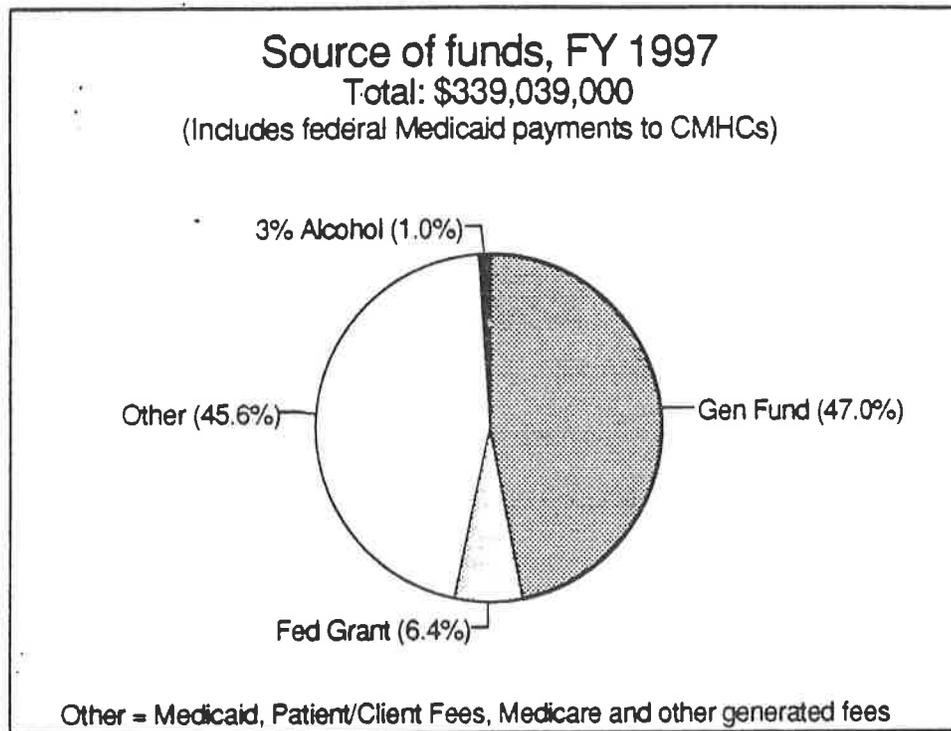


Table 2a: Each dollar expended by the Department (FY 1994 - FY 1997), excluding federal Medicaid funds drawn by the CMHCs, generated services to Mississippians in the following proportions:

	<u>FY 1997</u>	<u>FY 1996</u>	<u>FY 1995</u>	<u>FY 1994</u>
Mental Health - institutional	\$0.39	\$0.39	\$0.39	\$0.39
Mental Retardation - institutional	0.36	0.36	0.37	0.35
Mental Health - community	0.08	0.08	0.08	0.09
Mental Retardation - community	0.11	0.11	0.10	0.10
Alcohol & Drug - community	0.04	0.04	0.04	0.05
Children & Youth - community	<u>0.01</u>	<u>0.01</u>	<u>0.01</u>	<u>0.01</u>
Sub-total	0.99	0.99	0.99	0.99
Administration	<u>0.01</u>	<u>0.01</u>	<u>0.01</u>	<u>0.01</u>
Total	\$1.00	\$1.00	\$1.00	\$1.00

Figure 2a: Expenditure of Funds, FY 1997 - excludes federal Medicaid payments

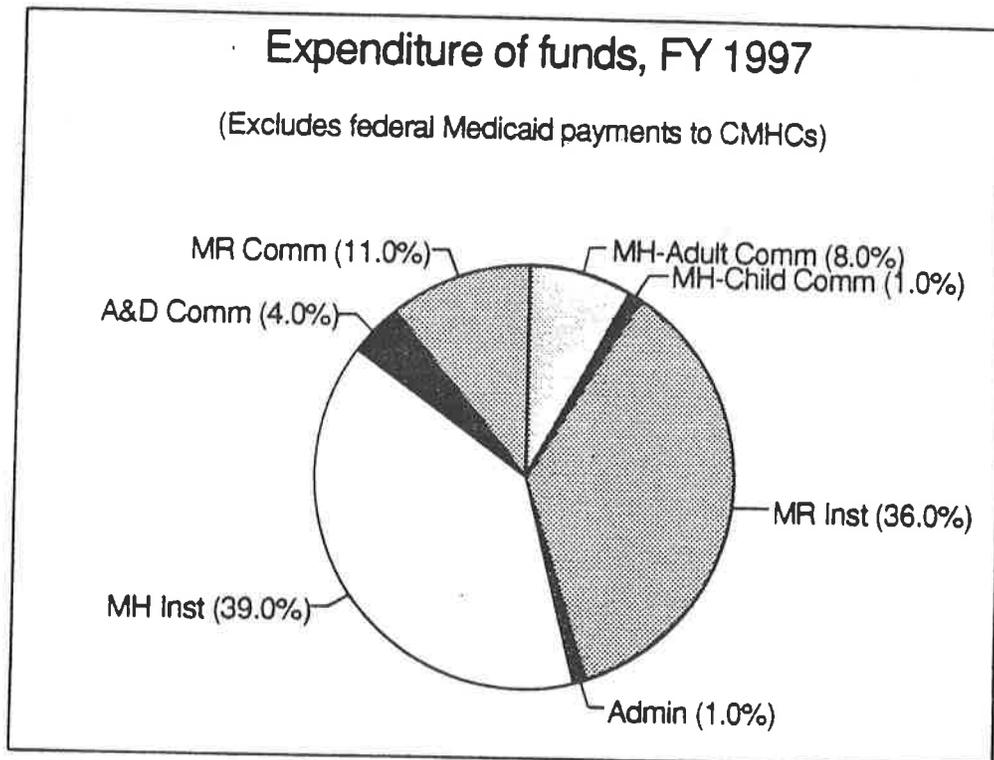
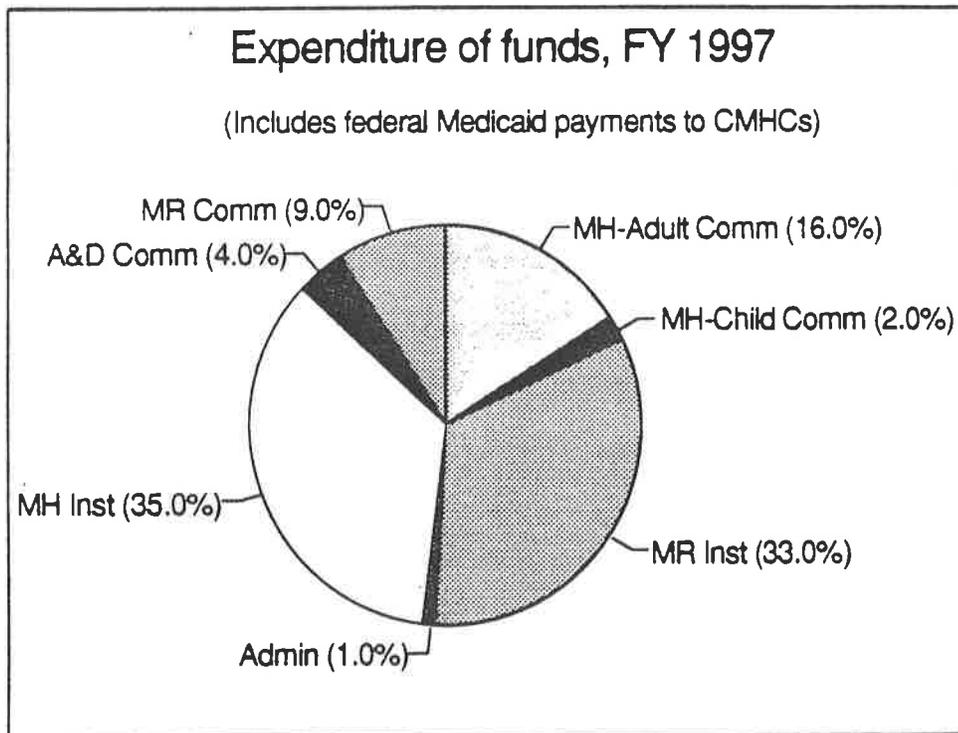


Table 2b: Each dollar expended by the Department (FY 1994 - FY 1997) including federal Medicaid funds drawn by CMHCs, generated services to Mississippians in the following proportions:

	<u>FY 1997</u>	<u>FY 1996</u>	<u>FY 1995</u>	<u>FY 1994</u>
Mental Health - institutional	\$0.35	\$0.35	\$0.35	\$0.36
Mental Retardation - institutional	0.33	0.33	0.34	0.32
Mental Health - community	0.16	0.16	0.15	0.15
Mental Retardation - community	0.09	0.09	0.09	0.09
Alcohol & Drug - community	0.04	0.04	0.04	0.04
Children & Youth - community	<u>0.02</u>	<u>0.02</u>	<u>0.02</u>	<u>0.03</u>
Sub-total	0.99	0.99	0.99	0.99
Administration	<u>0.01</u>	<u>0.01</u>	<u>0.01</u>	<u>0.01</u>
Total	\$1.00	\$1.00	\$1.00	\$1.00

Figure 2b: Expenditure of Funds, FY 1997 - includes federal Medicaid payments.



Human Resources

A total of 8,637 positions (including federal and state funded, full-time and part-time positions) were authorized by the Legislature for the Department of Mental Health for FY 1997. The total number of authorized positions in full-time equivalents (FTEs) for FY 1997 was 8,574. (See Table 3 on next page.) Funds appropriated to the Department of Mental Health for personnel for FY 1997 were sufficient to pay for approximately 88% of its authorized positions.

Table 3

**MISSISSIPPI DEPARTMENT OF MENTAL HEALTH
AUTHORIZED POSITIONS, Fiscal Year 1997**

	Permanent			Time Limited			Grand Total
	Full Time	Part Time	Total	Full Time	Part Time	Total	
Comprehensive Regional Psychiatric Facilities:							
East Mississippi State Hospital	1,264	6	1,270	116	0	116	1,386
Mississippi State Hospital	2,731	11	2,742	213	0	213	2,955
North Mississippi State Hospital	110	0	110	0	0	0	110
Subtotal	4,105	17	4,122	329	0	329	4,451
Comprehensive Regional Retardation Facilities:							
Boswell Regional Center	423	3	426	62	2	64	490
Ellisville State School and Farm	1,362	32	1,394	31	0	31	1,425
Hudspeth Regional Center	769	28	797	33	0	33	830
North Mississippi Regional Center	667	19	686	87	13	100	786
South Mississippi Regional Center	494	8	502	66	4	70	572
Subtotal	3,715	90	3,805	279	19	298	4,103
Central Office (Includes 3% Alcohol Tax)	57	0	57	26	0	26	83
GRAND TOTAL	7,877	107	7,984	634	19	653	8,637
Full time equivalents (all of full time and half of part time)							
							8,574

Legislative Initiatives in FY 1997

To better meet the needs of individuals it serves, the Department of Mental Health (DMH) proposed the following changes to state legislation during the 1997 Regular Session of the Legislature.

1. Tobacco Sale Prohibition Enforcement

HB 947

Proposed: For the third time, the DMH proposed to amend legislation enforcing prohibition of the sale of tobacco to minors to allow such cases to be heard in courts of competent jurisdiction and allowing any fines collected for the enforcement of the law to remain at the local level. Under the previous law, cases were brought before the Circuit courts, which generally have heavy criminal caseloads, thereby reducing the likelihood that tobacco sale offenses (viewed as less serious crimes) would be heard. Trying the tobacco sale cases in local courts would further encourage enforcement, which is provided by local law enforcement entities.

Outcome: HB 947 died in committee; however, HB 1389, "the Mississippi Juvenile Tobacco Access and Prevention Act," which addressed additional areas related to juvenile access to tobacco, also addressed enforcement concerns.

2. Educational Leave

HB 1118

Proposed: This bill referred to modification of the Educational Leave Program, specifically as related to individuals fulfilling their obligations under the program. As proposed, this bill would make license revocation by the Board of Nursing automatic upon a showing of default by the Department of Mental Health, thereby negating a (second) hearing before the Board of Nursing.

Outcome: Died in committee.

3. Treatment of Individuals Held in Jails - Commitment Statute Revision

HB 1070

Proposed: This proposal would have clarified existing civil commitment statute to indicate that if a person with mental illness is held in jail awaiting admission to a psychiatric hospital, the county must provide proper care and treatment for that person.

Outcome: Died in committee.

4. South Mississippi State Hospital/Clarke College Property (Bond)

HB 912

Proposed: This bill authorized the issuance of general obligation bonds for purchase and renovation of the Clarke College property and for construction of the South Mississippi State Hospital.

Outcome: Passed.

5. Clarification of DMH Certification/Licensure Program

HB 689

SB 2276

Proposed: This bill proposed clarification of legislation that gives the Department of Mental Health authority to license case managers and mental health/mental retardation therapists. It specifically proposed that if an individual is already professionally licensed (such as psychologists and social workers), the Department of Mental Health would not require that individual to also be certified/licensed as a mental health or mental retardation therapist to work in the Department of Mental Health and/or programs certified by the DMH. The bill also proposed clarification that if another licensure board uses titles, such as psychologist or social worker, the DMH would not set a duplicate license for the same title. The bill also clarified that the certification/licensure program to be administered by the Department of Mental Health is primarily designed for persons who work in the state centers for persons with mental retardation, the state psychiatric hospitals and other programs that receive funds and are certified by the Department and is not transferrable. (These clarifications are consistent with current DMH regulations governing the certification/licensure program.)

Outcome: Both bills passed and were signed by the Governor.

Other Significant Legislation Affecting the System

Mental Health Reform Act - SB 2100

Proposed: A significant piece of state legislation, the Mental Health Reform Act (SB 2100), was proposed during the 1997 Regular Session. This bill resulted from several months of study of mental health services in the state by a special subcommittee of the Mississippi Senate Appropriations Committee. The legislation was supported by major mental health advocacy groups in the state, as well as by the State Board of Mental Health.

Outcome: Senate Bill 2100 was passed by the Legislature and signed by the Governor. The legislation further codifies the Department of Mental Health's authority to set and enforce minimum standards for community mental health services and to ensure uniformity in availability and quality of basic services for adults and children across the 15 mental health regions in the state. The legislation also calls for further developments in the administration and provision of care to improve the quality of community mental health services and to strengthen accountability for those services.

**New Department of Mental Health Facilities
Under Construction or in the Planning Stage**

Update as of May 1998

The State Legislature and the Governor have approved funding for the Department of Mental Health for construction or preplanning of the following facilities to expand the availability and accessibility of inpatient or specialized residential treatment facilities.

For Adults

Funding for a 50-bed inpatient acute psychiatric hospital for adults in North Mississippi

- to be located in Tupelo, MS
- construction has begun
- anticipated opening, Winter 1999

Funding for a 10- to 20-bed community-based crisis center, to be operated as a satellite of the new acute hospital in North MS

- to be located in Corinth, MS
- anticipated completion: 1999

Funding for a 50-bed inpatient acute psychiatric hospital for adults in South Mississippi

- to be located in Purvis, MS
- construction has begun
- anticipated completion: 1999

Funding for purchase and renovation of the Clarke College Property (now the Central MS Residential Center) in Newton, MS

- facility will be renovated to provide a specialized residential treatment program for adults with mental illness discharged from the state hospitals
- provision of some respite capacity for adults with mental illness is also planned
- projected bed capacity: approximately 125 beds
- architects are currently working on plans for renovation
- anticipated completion: Fall 2000

Funding for a 10- to 20-bed community-based crisis center, to be operated as a satellite of the Central MS Residential Center

- to be located in Newton, MS
- anticipated completion: FY 2000

For Children/Adolescents

Funds for construction of a new 50-bed acute psychiatric inpatient treatment unit for adolescents to replace the existing adolescent unit at East MS State Hospital in Meridian.

- to be located in Meridian, near the hospital, behind the MS State University annex
- to include acute psychiatric and chemical dependence inpatient treatment for adolescents
- anticipated construction, 1999

Funds were granted for pre-planning only, which began in FY 1996, for a 60-bed, long-term psychiatric residential treatment center for adolescents to be operated by East Mississippi State Hospital.

Funds have been granted for two specialized, 50-bed treatment facilities for youth who meet commitment criteria for mental illness or mental retardation and are involved with the criminal justice system.

- construction of the facility for youth involved with the criminal justice system who meet commitment criteria for mental retardation to be located in Brookhaven, MS, is underway;
- anticipated opening: Winter 1999
- construction of the facility for youth involved with the criminal justice system who meet commitment criteria for mental illness to be located in Harrison County, MS. Additional funds will be needed for total construction costs; therefore, the DMH anticipates requesting additional funding for this project in FY 1999.

Organization of the Department of Mental Health

The basic organizational structure of the Department of Mental Health is reflected in Figure 3 on the next page. This structure reflects a decentralized management approach to facilitate more efficient use of resources, accountability in service delivery, and control of administrative costs.

State Board of Mental Health

The Department of Mental Health is governed by the State Board of Mental Health, whose nine members are appointed by the Governor of Mississippi and confirmed by the State Senate. By statute, the Board is composed of a physician, a psychiatrist, a clinical psychologist, a social worker with experience in the field of mental health, and citizen representatives from each of Mississippi's five congressional districts. Members' seven-year terms are staggered to ensure continuity of quality care and professional oversight of services.

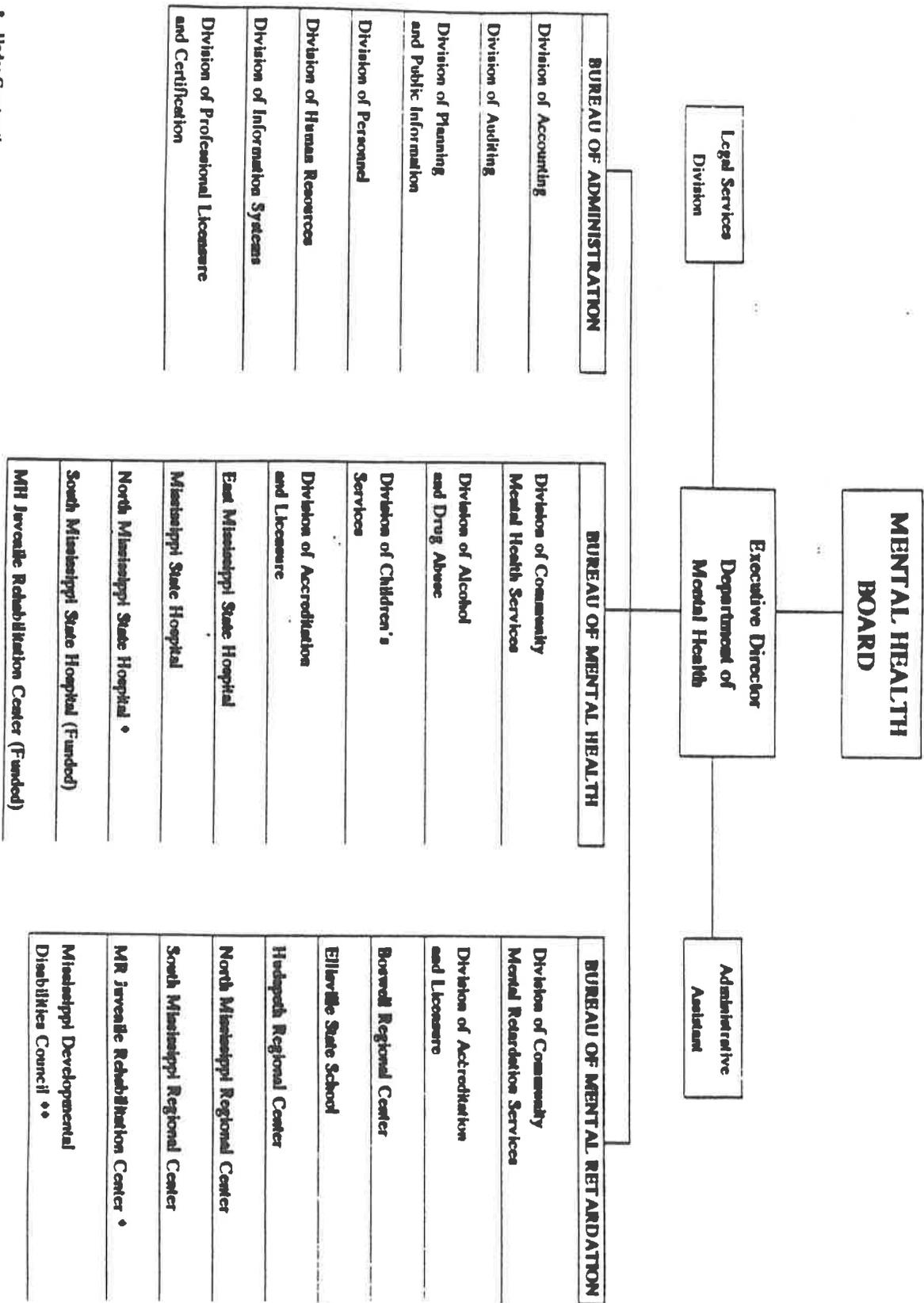
State Central Office

The **Executive Director** of the Department is responsible for all administrative functions and implements policies established by the State Board of Mental Health. Dr. Albert Randel Hendrix is currently the Executive Director of the Department of Mental Health.

The **Legal Services Unit** is responsible for advising and assisting the State Board of Mental Health, the Executive Director of the department, and department staff in legal matters, such as in policy development, special personnel actions, and other areas of department, facility, and program administration, as needed. The Legal Services Unit also drafts legislation proposed by the Department of Mental Health, as described in the previous section.

The Department of Mental Health is organized into three bureaus: **the Bureau of Administration, the Bureau of Mental Health (includes mental health and alcohol/drug abuse services) and the Bureau of Mental Retardation**. Bureau Chiefs report directly to the Executive Director of the Department. The organization of and accomplishments made in areas of service delivery and administration through these bureaus are summarized in the following three sections of this report.

MISSISSIPPI DEPARTMENT OF MENTAL HEALTH



* Under Construction
 ** The MS Department of Mental Health, Bureau of Mental Retardation, serves as the Designated State Agency for the MS Developmental Disabilities Council

Accomplishments Through the Bureau of Administration In FY 1997

The Bureau of Administration and its divisions work in concert with the direct service bureaus, including the state facilities, to effectively administer the Department of Mental Health and the programs it funds. Located in the State Central Office, the bureau provides the following services through its divisions:

The Division of Accounting is responsible for the accounting of funds provided to the Department of Mental Health including purchasing of goods, services, and equipment.

The Division of Auditing is responsible for auditing funds utilized by the Department of Mental Health contractors in order to assure compliance with contracts and for internal auditing of the facilities directly administered by the Department of Mental Health.

The Division of Information Systems provides data processing support to the Central Office and is responsible for information systems planning in the Department of Mental Health. In addition, the Director of the Division chairs the quarterly meetings of the institutional data processing managers and is responsible for the Mental Health Statistics Improvement Program grant.

The Division of Planning and Public Information is responsible for coordinating the annual plans for mental health, mental retardation, and alcohol/drug abuse services; preparing the Department's annual report; and for providing data, presentations, and other public information requested by the public, including consumers or families, professionals, and governmental officials. The Division also provides administrative or technical support to other bureaus or divisions on special projects, as assigned or requested.

The Division of Personnel is responsible for monitoring the Department of Mental Health's compliance with State Personnel Board requirements and other governmental requirements concerning personnel management. The Division serves as the primary liaison between Department of Mental Health facilities and the State Personnel Board.

The Division of Human Resources is responsible for human resource development in the Department of Mental Health. The Division of Human Resources works to increase mental health training opportunities throughout the state and to coordinate special projects in manpower development and recruitment of staff.

The Division of Professional Licensure and Certification is responsible for developing and implementing licensure and certification programs for categories of professionals employed/funded by the Department of Mental Health not already

professionally licensed, such as mental health therapists, mental retardation therapists, and case managers, and for coordinating administrative functions of the Board of Examiners for Licensed Professional Counselors.

Progress and Service Highlights in FY 1997
Bureau of Administration

**ACCOUNTING/
AUDITING**

All subrecipient grants were audited for the fiscal year ending June 30, 1996, and September 30, 1996, with notices of deficiency issued and funds recovered when applicable. Medicaid funding of Community Mental Health/Mental Retardation Centers was also subjected to audit, with appropriate recoveries.

Monthly payments were processed for 62 subrecipients covering 309 grants.

The Bureau worked closely with the Executive Director of the Department of Mental Health and personnel of the Bureau of Mental Health and Bureau of Mental Retardation. Budget requests addressing the needs of the Central Office, the Service Budget and the Alcohol Tax Budget were prepared and submitted.

**INFORMATION
SYSTEMS**

In FY 1997, the Division of Information Systems continued to make progress on objectives and projects designed to improve data management, both in the facilities operated directly by the Department of Mental Health and those community service providers receiving substantial funding from the agency.

In FY 1997, the Division continued efforts to improve data management, both in the facilities operated directly by the Department of Mental Health, as well as the community service provider with which the DMH contracts.

In FY 1997, the Division made progress in the following areas related to the mental health state plan objectives to implement uniform data standards and a common data system:

1. Project management of Mental Health Statistics Improvement Program (MHSIP) Stage 2 grant

During FY 1997, the Department of Mental Health operated under a no cost extension of its MHSIP Stage 2 grant. This grant has supported a number of data enhancement activities both for community mental health services and the state psychiatric hospitals. Since the agency had unobligated funds remaining from the grant, it requested a no-cost extension, which allows the state to request a one year extension of the grant. The Center for Mental Health Services granted a final extension, and the grant period was extended until May 31, 1998.

2. Promotion of common data system initiatives

Since 1992, the Division of Information Systems has used the MHSIP grant and other resources to promote the adopting of common data systems in mental health services settings. In 1993, six of the state's 15 community mental health centers (CMHCs) agreed to work with the agency to select and adopt a single data system utilizing a common set of client data items. A Request for Proposals (RFP) was issued and awarded to Boston Technologies, Inc. (BTI) of Vineland, N.J. By 1995, the number of CMHCs using the system grew to seven. Further expansion of the system is discussed in the section dealing with the 1997 Data Enhancement Grants.

The Mississippi State Legislature funded implementation of a client data system for three facilities in FY 1995. The differing needs of the facilities compared to the CMHCs required the development and release of a second RFP. At the end of the evaluation process, Echo Management Group of Center Conway, New Hampshire, was selected as the standard system for all DMH facilities. Throughout calendar 1997, work proceeded on installation and configuration of this system at several sites.

In FY 1996, the State Legislature funded acquisition of client data systems for three additional facilities. The FY 1996 funding included the two DMH operated state psychiatric hospitals (SPH). Each SPH formed a data management group to evaluate the Echo Management Group software and determine if it was capable of meeting the needs of the hospitals. After it was agreed that the Echo product was suitable, contracts were concluded and installation begun.

A major difficulty in implementation of the client data system at the state psychiatric hospitals is conversion of a large amount of historical data. Using MHSIP Stage 2 grant funds, the Division of Information Systems contracted with Nicholas Research to develop a data conversion strategy. Work on the effort began late in FY 1996 and continued during FY 1997.

3. Initiation of requests for contract services

The Division of Information Systems continued to work closely with members of the common data system users group. The Division uses MHSIP grant funds to support commonly agreed upon improvements to the data system used by members of this group. In 1997, a contract was issued to develop a reporting module that produced much of the statistical data required for state plan reporting purposes. Regional community mental health centers that had adopted the common software system and moved to the DMH standard dataset were in a position to generate data using this reporting module with

minimal effort, thereby reducing the effort necessary to obtain the data and improving its accuracy.

4. Regular contacts with common data system vendors

The MHSIP project coordinator has maintained contacts with the staff of both BTI and Echo Management Group. The frequency of these contacts is dependent upon the projects underway at any given time.

5. Attendance, as requested, at Mississippi BTI Users Group meetings

The BTI Users Group is an autonomous organization formed by CMHC staff using the BTI system. The Director of Information Systems, as MHSIP project coordinator, regularly attends these meetings. Representatives from CMHCs not adopting the common software system also frequently send representatives. The BTI Users Group provides a forum for sharing of expertise and undertaking of joint projects related to the data system.

6. Testing and implementation of client data submissions

The core dataset has been fully implemented and tested at five sites to date. The question of whether the DMH intends to pursue collection of the core dataset or, as an alternative, continue requiring submission of aggregate data reports remains open.

In 1997, concentrated efforts were made to improve collection of data concerning persons receiving DMH-funded alcohol and drug treatment services. A pilot CMHC was selected, and submission of data for analysis was instituted. Once completed, this improved data collection system will allow all CMHCs using the common software system to submit required data on diskette rather than by paper forms. A PC-based version of the software has been developed for facilities not on the BTI system.

7. Data Enhancement Grants

The MHSIP project coordinator had contacts with the executive directors and/or business managers of the CMHCs not currently using the BTI common data system. In FY 1996 and FY 1997, the Executive Director of the DMH made available Data Enhancement Grants to encourage further adoption of the common data system. Individual grants of \$65,000 were offered to CMHCs that had previously adopted the common data system or would agree to do so within 18 months. The grants were intended to help defray the costs of hardware necessary to implement the common data system. As a result of

the Data Enhancement Grants, an additional five sites agreed to install the common data system. This raised the total number of installations to 12 of 15 or 80% of the CMHC regions.

8. The passage of SB 2100, the Mental Health Reform Act of 1997, involved the information systems staff in several other activities. Primary among these activities were:

a) The MHSIP Project Coordinator developed a contract to implement a pilot consumer satisfaction survey and analysis of standardized functional assessment scales. The Mental Health Association has worked with consumers and family members to define the content of the consumer survey and arrange for an initial introduction of the survey at a CMHC. The Mental Health Association also worked with clinicians, consumers, and family members at the same CMHC to introduce a set of standardized functional assessment instruments and to produce a report outlining the reactions of each group to these instruments.

b) The MHSIP Project Coordinator also participated throughout the year in the Performance Indicators Committee. This committee, composed of DMH staff, service providers, and consumers and advocates, is involved in the drafting of a set of performance indicators that will be proposed as a standard measurement system for evaluating efforts to achieve the goals outlined in the Mental Health Reform Act.

9. Distribution of Manual of Uniform Data Standards

The Manual of Uniform Data Standards is a manual of data standards. It describes the various elements of client and other data that should be a part of any system utilized by a service provider receiving substantial funding from the DMH. The Manual of Uniform Data Standards was used as the basis for configuring both the BTI and Echo data systems. Compliance with the data standards in the manual allow uniform data to be collected from different systems.

In FY 1996, the DMH officially sanctioned these data standards by mandating compliance in the revised version of the Minimum Standards for Community Mental Health/Mental Retardation Services. The minimum standards require that all service providers collect the information listed in the Manual of Uniform Data Standards, whether through data automation or manual means. Copies of these standards received further distribution during FY 1997.

10. Periodic reports at CMHC Commissioners Meetings

The MHSIP project coordinator attends most quarterly CMHC Commissioners Meetings.

11. Meetings with facility data processing managers and other staff for planning purposes

The Director of the Division of Information Systems conducts a joint meeting with all facility data processing managers quarterly. He also attends various meetings with clinical and business staff to discuss data related issues and concerns. All these meetings are used to develop and coordinate comprehensive strategies for data systems improvements. Most of this planning is manifested in the annual Long Range Plan of Information Processing Activities. This plan must be submitted annually to the State Department of Information Technology Services.

**PLANNING
AND
PUBLIC
INFORMATION**

In FY 1997, the Division of Planning and Public Information continued its activities to coordinate and support development of state plans for services administered and/or provided by the MS Department of Mental Health.

The Division continued coordination and support of ongoing community mental health state planning and reporting activities in accordance with P.L. 102-321, the ADAMHA Reorganization Act (effective July 31, 1992), which reorganized the federal Alcohol, Drug Abuse and Mental Health Administration (including the National Institute of Mental Health) and superseded previous federal state planning laws (P.L. 99-660, as amended by P.L. 101-639). Related activities in FY 1997 included:

- providing technical support to the Mississippi State Mental Health Planning Council, the advisory committee which works with Department of Mental Health staff to identify service needs and to provide input to, review and monitor implementation of objectives in the Mississippi State Mental Health Plan, Community Mental Health System: Adults and Children with Serious Mental Illness. In accordance with federal law, the Planning Council includes balanced representation of service providers (including representatives from other agencies) and non-service providers, including primary consumers of mental health services and family members.

Technical support activities included:

- providing updated information to Council members to facilitate their continued active participation in the ongoing state planning process, including drafts of the State Plan for review, and progress on reports

on implementation of state plan objectives and work of the related task forces.

- providing administrative support for Council meetings through preparation/dissemination of meeting notices, information packets, agendas, related correspondence, and minutes of Council meetings;
- arranging meeting locations;
- processing related reimbursement requests; and,
- responding to requests for information from the Council or individual Council members.
- providing administrative/technical support to various task forces, such as the Children's Services Task Force and the ADA Access Task Force. The Division provided the additional administrative support needed by the Children's Services Task Force in FY 1997 to continue a special project begun in FY 1996 to develop recommendations for implementation of HB 1421, which were presented to the full Planning Council in November 1996 and to the State Board of Mental Health in December 1997. The report synthesized the work of three subcommittees and included recommendations for core services needed statewide for children with serious emotional disturbance and their families. The report also identified operational issues that need to be addressed in planning and implementing these core services. Task forces meet between full Council meetings to focus in more depth on specific issues related to the State Plan.
- facilitating integration of information/work generated through the task forces with the overall or comprehensive State Plan.

The Division of Planning and Public Information worked with the MS State Mental Health Planning Council, Department of Mental Health staff, community service providers, and federal technical assistance staff to facilitate input to and development of the Mississippi State Mental Health Plan, Community Mental Health Services: Adults and Children with Serious Mental Illness, FY 1997. A draft of the State Plan was made available for public review and comment before the final review and approval by the Council and submission to the State Board of Mental Health at its August 1996 meeting. The FY 1997 State Plan was submitted as part of the state's application for federal mental health (CMHS) block grant funds by the September 1, 1996, deadline.

The Division designed, disseminated and compiled the results of the FY 1996 Annual State Plan Survey, completed by providers of community mental health services funded and certified by the Department of Mental Health. The Division then compiled and edited information from these surveys and DMH Central Office reports to complete the FY 1996 State Plan Implementation Report, which described progress on implementation of objectives in the FY 1995 State Plan. This report was submitted to the Center for Mental Health Services (CMHS) by the December 5, 1996, deadline as part of the FY 1997 CMHS Block Grant Application.

Following submission of the FY 1997 CMHS Block Grant Application, the Division continued state plan and assistance activities with the Council and Department staff, as described above. During FY 1997, as part of these activities, the Division compiled and presented to the Planning Council the Mid-Year Progress Report, which summarized progress to date on the FY 1997 Plan objectives. The Division also coordinated initiation of the process for obtaining Council input and drafting the Plan for FY 1998.

The Division also assisted the Division of Alcohol and Drug Abuse in drafting the Mississippi Department of Mental Health State Plan for Alcohol and Drug Abuse Services, FY 1998. A draft of the plan was made available statewide for public review and comment for presentation to the State Board of Mental Health for review at their July 1997 meeting.

The Division prepared and disseminated the FY 1996 Annual Report for the MS Department of Mental Health.

The Division compiled and presented the 1996 Human Rights Advocacy Committee Reports to the State Board of Mental Health.

The Division prepared directly or coordinated preparation of responses to inquiries for public information through the Department. These activities included requests for Department of Mental Health State Plans and reports, responses to surveys, questionnaires, written/telephone inquiries, as well as preparation of special reports and dissemination of public awareness/education materials.

At the end of FY 1996 and continuing into FY 1997, the Division conducted an evaluation of how well it was performing its duties in relation to two of its primary "customer" groups: the MS State Mental Health Planning Council and staff of other DMH Central Office Bureaus and Division Directors. As mentioned previously, the Division provides staff support to the Planning Council and serves as the DMH liaison for the Council, facilitating

communication between the Council, various other concerned groups and the Department. In relation to other DMH Bureaus, divisions and DMH facilities, the Planning and Public information division functions primarily in a support or technical assistance role.

Following presentation of a summary of the Planning Council's evaluation survey results, Council members formed a committee to review and discuss the results in more detail. Based on the committee's work, the full Planning Council adopted recommendations to improve its work in the future. Examples of improvements implemented in FY 1997 were : (1) a new Council Member Orientation, presented on June 6, 1997; (2) development of a glossary of terms and acronyms frequently used in the State Plan and related activities; and (3) addition to Council meetings of a routine agenda item for educational presentations focusing on learning more specific information about individual local programs.

Evaluation information from other DMH staff, including the Division Director's supervisor, was used by the Division Director to judge whether or not the Division was focusing its time on priorities identified by other DMH central office staff. This evaluation provided more objective information on whether or not the Division was "doing the right things," not just "doing things right."

PERSONNEL

In FY 1997, the Division of Personnel coordinated with the seven facilities administered by the Department of Mental Health the development of the Personal Services segment of the FY 1998 budget request for the agency. The primary goals for Personal Services for FY 1998 were the request for additional new positions for the two state psychiatric hospitals in order to seek accreditation from the Joint Commission on the Accreditation of Healthcare Organizations and new positions for the continued expansion of the community-based ten-bed intermediate care facilities for the mentally retarded (ICF/MR) program administered through the five regional centers for individuals with mental retardation. In addition, the Division of Personnel assisted in the development of the Personal Services budget for the new East Central Mississippi Regional Center, a psychiatric unit to be located in Newton, MS, on the property formerly known as Clarke College. The FY 1998 personal services budget request was recommended by the Joint Legislative Budget Committee.

In FY 1997, the Division of Personnel worked with the State Personnel Board to request additional compensation for the Nursing series in all Department of Mental Health facilities to increase the Department's ability to recruit and retain nurses. The request was based on vacancy rates and disparities in local

market private sector pay for nurses. The request was approved by the State Personnel Board in the form of Type/Duty/Location pay which provided for an increase above the base salary based on local market salary survey data. The request was approved for Mississippi State Hospital in April 1994, and Hudspeth Center in May 1994. In FY 1995, Type/Duty/Location pay was approved for East Mississippi State Hospital at a rate determined by the local market salary survey data. The request for continuation of Type/Duty/Location pay for FY 1996 for Mississippi State Hospital, Hudspeth Center and East Mississippi State Hospital was approved. In FY 1997, Type/Duty/Location pay was approved for North Mississippi Regional Center and South Mississippi Regional Center.

The Division of Personnel developed and maintained a history of new positions for each facility of the Department of Mental Health and assisted facilities in identifying positions for abolishment in accordance with SB 3120. The Division of Personnel prepared a comprehensive report detailing compliance with SB 3120 by facility and the Central Office.

In FY 1997, the Division of Personnel assisted Bureau Chiefs and Division Directors in the Central Office in identifying critical staffing needs and in selecting and hiring new staff to fill those needs. Several new MH-Program Planner/Evaluators, Auditors and support staff were hired to improve and expand services rendered from the Central Office. In addition, a new division of Professional Accreditation and Licensure was created to certify and license mental health therapists and administrators. The Division of Personnel worked with the State Personnel Board to create new positions to staff the new division.

The Director of the Division of Personnel continues to serve as a member of the State Personnel Advisory Council comprised of five personnel directors from state agencies. The Advisory Council reviews State Personnel Board Policy prior to implementation and provides technical assistance to the State Personnel Director.

The Division of Personnel provided technical assistance to the seven facilities administered by the Department of Mental Health in the processing of special requests of the State Personnel Board throughout FY 1997.

HUMAN RESOURCES

The Division of Human Resources produced and circulated four Human Resources Opportunity Listings during 1997. Approximately 160 copies were distributed with the major categories of target audiences being directors of state facilities, staff development directors of state facilities, community mental health center directors and staff training coordinators, directors and

staff development training officers of mental health and/or human resource organizations in the state, members of the Mississippi Executive Prevention Council and of the Mississippi State Mental Health Planning Council. It was also distributed by the Mississippi Library Commission to Depository Libraries in Mississippi. Documentation is on file in the Division of Human Resources.

The Division of Human Resources distributed approximately 300 copies of three quarterly newsletters and a yearly bibliography in 1997. The major categories of target audiences include directors and staff development directors of state facilities, directors and staff training coordinators of the Community Mental Health Centers, Central Office Staff, other state agencies and human resource organizations. It was also distributed by the Mississippi Library Commission to Depository Libraries throughout Mississippi. Documentation is on file in the Division of Human Resources.

The Division coordinated regular Staff Directors' meetings held during the year. The Directors met on a regular basis to exchange training ideas, share resources and receive in-service training on pertinent topics.

Consultation on securing Continuing Education credit was continued in 1997. Nursing Home Administrators, Psychologists, Social Workers, Counselors and other professional groups participated in Continuing Education activities.

**PROFESSIONAL
LICENSURE
AND
CERTIFICATION**

The Division of Professional Licensure and Certification (PLACE) was established July 1, 1996, in response to legislation (House Bill 13) passed by the State Legislature and approved by the Governor during the 1996 Legislative Session. This bill amended Section 41-4-7 of the Mississippi Code to include a provision authorizing the State Board of Mental Health "to certify/license case managers, mental health therapists, mental retardation therapists, and others as deemed appropriate by the board."

In FY 1997, PLACE developed certification and licensure programs for professionals practicing in the fields of mental health and mental retardation. These programs were designed for individuals who are employed within the state mental health system and who do not otherwise hold a professional credential as a mental health or mental retardation service provider. Minimum standards for training, experience and education were developed and implemented on July 1, 1997 (FY 1998).

Throughout the process of developing the minimum standards, input was sought and provided by various professionals/organizations. Professionals/organizations providing input included the National Association

of Social Workers, the Mississippi Psychological Association, the Mississippi Chapter of the National Alliance for the Mentally Ill, the Columbus/Lowndes Chapter of the Association for Handicapped Citizens, the Mississippi Developmental Disabilities Council, community mental health services staff, state psychiatric facility staff, state mental retardation/developmental disabilities facility staff and representatives of both private and non-profit programs. Meetings were held on November 25, 1996, and on January 6, February 4 and April 7, 1997, with various workgroups to gather specific input regarding training, experience and education requirements.

Once the standards were developed, PLACE staff members traveled throughout the state and made twelve (12) presentations introducing the Mental Health Therapist and Mental Retardation Therapist Certification and Licensure programs in preparation for implementation of the two programs on July 1, 1997 (FY 1998). The programs were presented to approximately 300 individuals, and over 1,100 application booklets were distributed. In addition, plans were made for the development of an advisory Professional Licensure and Certification Review Board and a database system to maintain certification and licensure information.

The Division of PLACE is located in the state central administrative office of the Mississippi Department of Mental Health and consists of three staff members. In addition to developing and implementing Department of Mental Health professional certification and licensure programs, PLACE staff coordinate the administrative functions of the Mississippi State Board of Examiners for Licensed Professional Counselors.

Accomplishments Through the Bureau of Mental Health In FY 1997

The Bureau of Mental Health has the primary responsibility for the development and implementation of services to meet the needs of persons with mental illness or with alcohol or drug abuse problems. The Bureau of Mental Health provides a variety of community and hospital-based services through its divisions and the two state psychiatric facilities.

The Bureau of Mental Health oversees the two state psychiatric facilities, Mississippi State Hospital and East Mississippi State Hospital, and four divisions that are involved primarily with community services offered through the Department. This section of the annual report describes accomplishments made in Fiscal Year 1997 through these divisions and facilities.

Community Program Monitoring and Certification

The Division of Accreditation and Licensure, located in the state central office, is responsible for the coordination and development of the minimum standards for community programs that receive funds through the authority of the Department of Mental Health, as well as the coordination of review, monitoring and certification processes to ensure that all community programs meet those minimum standards. The Division works with staff of other service divisions in the central office to implement this ongoing program monitoring process. The Division has also been charged with the responsibility for coordinating the emergency/crisis response of the Department with the Mississippi Emergency Management Agency (MEMA).

Specific duties of the Division of Accreditation and Licensure include:

- Review and amendment of the Minimum Standards for Community Mental Health/Mental Retardation Services, which must be met by all community programs in order to maintain certification and to receive funds through the Department of Mental Health;
- Development and coordination of the annual review schedules for certification, site reviews, record monitoring, and audit of all community programs funded by the Department;
- In coordinating the review process, assembling the review team (composed of staff from direct service divisions in the state central office), compiling reports of findings of reviews, reviewing plans of correction submitted to the Department following certification and site reviews, and subsequently, issuing certificates or making other appropriate responses in follow-up to review findings;
- Chairing of certification and site review teams and the Certification Committee; and,
- Chairing the Standards Committee, which developed and maintains a Standards Application Guide for additional direction in applying the Minimum Standards for Community Mental Health/Mental Retardation Services.

- Responding to calls for assistance from the Mississippi Emergency Management Agency (MEMA) in the event of an emergency, disaster, or crisis.
- Developing the State Mental Health Disaster Preparedness Plan.

Progress and Service Highlights in FY 1997
Bureau of Mental Health

**REVIEW
AND
CERTIFY
PROGRAMS**

Certification Review All community programs receiving funds through the authority of the Department of Mental Health are required to be certified. These programs are operated by the 15 regional community mental health/mental retardation centers, other nonprofit programs funded by the Department, and community services divisions of the two state psychiatric hospitals and five state regional facilities for persons with developmental disabilities. (See Overview of the Service System, pp. 3-12 of this report). The certification process consists of reviewing all of the service management areas of a community program to determine compliance with the Minimum Standards for Community Mental Health/Mental Retardation Services. Bureau of Administration staff perform the fiscal audits of programs funded through the DMH. (See Bureau of Administration, Auditing/Accounting, p. 26 of this report.)

When a certification review is performed, the certification review team reviews all policies and procedures related to Organization and Management, including the functioning of the Governing Authority, its involvement in managing the program, Personnel Policies, Fiscal Management, Program Planning and Program Evaluation, and Training and Staff Development that may be necessary for the program to provide appropriate services. In the area of Human Services, written policies and procedures are reviewed with regard to Environment/Safety, Serious Incidents Reports and Records, Clients' Rights, Confidentiality, Case Records Management and Record-Keeping and Medication Control, Transportation of Clients and Physical Facility Standards for Community Residential Programs. Also, service staff are interviewed and client records are reviewed to further determine the adequacy and appropriateness of the service delivery system at the program.

Following a certification review, if a program is found in compliance with minimum standards and/or has submitted approved plans for correction of deficiencies, the program is issued certification. Department staff also make follow-up visits to ensure that programs with deficiencies have implemented the approved plans to correct those deficiencies. A record monitoring visit is conducted six months after the certification visit to ensure continued record-keeping compliance.

During Fiscal Year 1997, the Department of Mental Health staff conducted a total of 69 certification reviews for compliance with state standards in the following service areas:

Division of Children and Youth	14
Division of Alcohol and Drug Abuse	23
Division of Community Mental Retardation Services	19
Division of Community (Mental Health) Services	<u>13</u>
Total	69

Site Review When a site review is performed, Department staff review primarily the service delivery operations of a community program or center. Programs or centers are certified for a two-year period. A site review is an interim review conducted one year after the full certification review to determine continued compliance with the service delivery or client-related requirements in the Minimum Standards for Community Mental Health/Mental Retardation Services. In addition to the service areas and client records review, the Human Services portion of the program, including Environment, Clients' Rights, Confidentiality, Case Records Management, and Record Keeping is reviewed. During a site review, Organization and Management areas are not reviewed unless problems are noted that indicate a need to review those areas.

During Fiscal Year 1997, Department of Mental Health staff conducted a total of 40 record monitoring and site reviews in the following service areas:

Division of Children and Youth	7
Division of Alcohol and Drug Abuse	5
Division of Community Mental Retardation Services	13
Division of Community (Mental Health) Services	<u>15</u>
Total	40

Minimum Standards

During FY 1997, the Division of Accreditation and Licensure coordinated review and development of proposed additions to the Department of Mental Health Minimum Standards for Community Mental Health/Mental Retardation Services.

COMMUNITY MENTAL HEALTH SERVICES

Public community mental health services are provided through a statewide network of providers that include the 15 regional community mental health/mental retardation centers, nonprofit agencies/organizations, and the community services divisions of the state-operated psychiatric facilities. The regional community mental health centers (CMHCs) provide the majority of community mental health services funded through the Department of Mental Health. (See Overview of the Service System, p. 3 of this report.)

The goals and annual objectives for community mental health services represent steps in implementing the ideal system models for comprehensive community-based services for adults and children described in the Mississippi State Mental Health Plan, Community Mental Health System: Adults and Children with Serious Mental Illness. This section of the annual report summarizes progress and special initiatives in service areas addressed in that plan. The state plan for community mental health services is based on an ongoing cooperative effort by the Department and the Mississippi State Mental Health Planning Council, who work together to implement objectives, monitor progress, assess needs and update the plan on an annual basis. The plan also is based on federal requirements for community mental health state plans and thus covers the federal fiscal year period (October 1-September 30). (See Bureau of Administration, Division of Planning and Public Information, pp. 32-35 of this report.)

Community-Based Mental Health Services for Adults

The Division of Community Services (Mental Health), located in the state central office within the Bureau of Mental Health, has the primary responsibility for the development and maintenance of community-based mental health services for adults. Community mental health services for adults are currently provided through the 15 regional mental health centers and the community service divisions of the state psychiatric hospitals.

All 15 regional community mental health centers provide a minimum number of mental health services, called "core services." These core services are described later in this section. Some centers may also offer additional or specialized services, depending on the needs and resources in their respective areas. These services must meet Department of Mental Health minimum standards. (See Community Program Monitoring and Certification, pp. 39-42 of this report.)

The Community Services Divisions of Mississippi State Hospital and East Mississippi State Hospital provide transitional, community-based programs, which also must meet Department of Mental Health minimum standards. These programs include group home services, halfway house services, supervised apartment services, case management, clubhouse rehabilitation programs, specialized programs for homeless mentally ill persons and limited respite services. In general, these services are provided in close proximity to the hospital facilities and/or in areas where a regional mental health/mental retardation facility chooses not to provide a community service.

The priority population addressed by the Department's Division of Community Services is adults with serious mental illness. An array of treatment and support services is available through the public community mental health system. The major goal of the Division of Community Services in providing this network of community-based services for adults with serious mental illness is to make available the support needed by individuals with mental illness, which may vary across time.

Components of the Community-Based Service System for Adults with Serious Mental Illness

CORE SERVICES

Core Services are those services that regional community mental health/mental retardation centers (CMHCs) are required to make available under the Department of Mental Health certification standards. The 9 core services provided through the CMHCs in FY 1997 are described below.

(1) **Outpatient services** provide diagnostic, treatment and aftercare services in various treatment modalities for those persons requiring less intensive care than provided by inpatient services. Outpatient services allow the consumer to pursue normal daily activities while in treatment. An outpatient program must include the following services: diagnostic evaluation; referral; individual, group, and family therapy; and aftercare services. **Medication evaluation and monitoring**, a part of outpatient services, is the regular and periodic monitoring of the therapeutic effects of medication. **Aftercare services** focus on providing continuity of mental health treatment, as needed, as well as access to other health, residential, rehabilitative and/or supportive services for individuals discharged from the psychiatric hospital. Services that consumers may need to function well in the community include, but are not limited to: case management; individual, group and family therapy; day treatment; medication evaluation and monitoring; and advocacy.

(2) **Psychosocial rehabilitation** refers to both a philosophical and programmatic approach to services for individuals with long-term serious psychiatric disabilities. Essential to the psychosocial rehabilitation model are the identification of consumers' strengths and the mapping of goals to build on skills, not just to decrease symptoms of the mental illness. With an emphasis on enabling individuals with serious mental illness to function in society as independently as possible, psychosocial rehabilitation includes the addition of a rehabilitation component to traditional treatment models. The range of psychosocial rehabilitation services includes vocational training and job placement, training in daily living and community living skills, case management, social, recreational and educational services, and other services that may generate and sustain natural supports. Such services are provided for either brief or indefinite periods, depending on the needs of the individual.

(3) **Consultation and education service** activities focus on community education to promote mental health and facilitate early identification and treatment of mental illness. In addition, consultation and education services provide program and case consultation with other community service providers.

(4) **Case Management** is a system designed to facilitate access to services for individuals who meet the criteria of serious mental illness and who reside in the community or are preparing for discharge from a state psychiatric hospital. The case management system promotes the coordination of efforts among the community mental health centers, state psychiatric facilities, and other service delivery agencies and the community at large to assure that consumers are provided with necessary support services.

(5) **Pre-evaluation screening and civil commitment** determines the need for possible hospitalization and assesses, plans for, and links individuals with appropriate services. Single point pre-evaluation screening services have an education and liaison component that reaches, at a minimum, chancery courts, local physicians and others in the community who are likely to initiate a request for commitment of a person to a state psychiatric hospital, whether voluntary or involuntary. In providing assistance to the courts and other public agencies, community mental health centers screen area consumers who are being considered for commitment to a state psychiatric hospital for inpatient treatment to determine the appropriateness of such referrals.

(6) **Inpatient referral services** provide access to inpatient services in the individual's community when appropriate.

(7) **Emergency services** are available 24 hours a day, seven days a week to address the needs of individuals requiring immediate intervention. The two major components of emergency services are face-to-face contact and a crisis telephone service.

(8) **Family Education and Support** provide positive support for families whose members have long-term serious mental illness and establish linkages with services. The Family Education Program curriculum serves as the model for establishing family support groups.

(9) **Consumer Education and Support** provide positive support for consumers with long-term serious mental illness and establish linkages with services the consumer might need.

**PROTECTION
AND
ADVOCACY**

Protection and advocacy is accomplished through case management, family and consumer education, aftercare, Mississippi Protection and Advocacy System, Inc., and other mental health support/advocacy groups.

OUTREACH

Outreach refers to the identification of individuals with serious mental illness, informing them and other people of available services, and increasing the accessibility of services.

**RESPITE
SERVICES**

Respite Services for adults with mental illness are available on a limited basis through some community mental health centers and the Community Services Divisions of the two state psychiatric hospitals. Through the respite program, a consumer in crisis is provided residential placement and treatment for a scheduled period of time, usually two weeks.

**COMMUNITY-
BASED
HOUSING
OPTIONS**

Community-based housing options not only provide housing in a community setting, but also provide training to increase or maintain self-sufficiency. Areas of training include self-help/personal hygiene skills, maintenance and home living skills, employment skill development, appropriate socialization skills, and appropriate use of leisure/recreation time. Housing options provided through community mental health centers and the community services divisions of the state psychiatric hospitals include:

Group homes, providing 24-hour support and training for persons living in the group home;

Transitional residential programs, which provide a temporary (average stay of six months) transitional living arrangement, less restrictive than the hospital, where consumers receive assistance in acquiring the skills and resources necessary for a successful transition to community life; and,

Supervised living, where adults live independently in the community and receive supervision and assistance, as needed, from mental health case managers.

In addition to addressing the availability of group homes, transitional residential programs, and supervised living, the Department of Mental Health has an objective to assist individuals with serious mental illness in obtaining and maintaining **independent living** situations, in which adults live on their own without the supervision of daily living activities and are financially responsible for their housing. Support services, primarily case management, often include assisting individuals in obtaining and maintaining independent living situations. Examples of housing assistance accessed by local community mental health providers for eligible individuals with serious mental illness include federal housing programs administered through local public housing authorities and FHA, Habitat for Humanity and emergency shelter/housing through the Salvation Army and FEMA agencies.

Progress And Service Highlights In FY 1997 Community Mental Health Services For Adults

CORE SERVICES

In order to receive funds from the Department of Mental Health, a CMHC must provide nine core clinical and support services, in addition to having a community support system. The nine core community mental health services (required by minimum standards) provided in FY 1997 for adults were:

- (1) outpatient services (individual, group and family therapy; aftercare services)
- (2) psychosocial rehabilitation services
- (3) consultation and education services
- (4) case management
- (5) pre-evaluation screening and civil commitment
- (6) inpatient referral
- (7) emergency services
- (8) family education/support
- (9) consumer education/support

In FY 1997, core community mental health services were provided through the public community mental health system to 33,372 adults with serious mental illness.

In FY 1997, a Continuity of Care Committee was established, bringing together representatives of community mental health centers, the two state psychiatric hospitals, family members of consumers and DMH State Office staff to identify and develop recommendations for improving the continuity of services individuals with serious mental illness and children with serious emotional disturbance receive across community and inpatient systems of care. The committee also invited representatives of the court system to participate in its workgroup addressing those issues.

In its initial meetings, the full committee focused their efforts on identifying barriers and possible solutions to the barriers to continuity of care across the community mental health center and hospital services system. The group generated a working list of barriers and potential solutions and categorized these issues in relation to points in the system where breakdowns in continuity can occur: (1) entry and crisis and (2) maintenance/transition. The committee also grouped barriers identified as related to the court and commitment processes.

To develop specific recommendations for addressing the barriers in these three areas identified by the committee, three workgroups were formed: (1)

Entry/Crisis Workgroup, (2) Maintenance/Transition Workgroup, and (3) Court Workgroup. By the end of September 1997, scheduled workgroup meetings had begun, each to discuss in detail the barriers specific to their areas and to develop specific recommendations for addressing those barriers. The recommendations developed by each workgroup will be combined into a draft report for review and further work by the full committee.

The full committee met twice in FY 1997 (July 14, 1997 and August 22, 1997). By the end of September, 1997, the Crisis/Entry Workgroup had met once (September 9, 1997); the Maintenance /Transition Workgroup had met twice (September 4, 1997 and September 18, 1997), and the Court Workgroup had met once (September 11, 1997). The initial report from the Continuity of Care Committee to the MS State Mental Health Planning Council was made at the July 11, 1997, Council meeting. As the Continuity of Care Committee continues its work, it will continue reporting its activities to the Planning Council.

**COMMUNITY
SUPPORT
SYSTEMS**

In FY 1997, CMHCs were required to submit, as a part of the application for CMHS funds, a narrative description of significant additions to their Community Support Services Program. The CMHS peer review team met on September 5, 1997, to review these plans for meeting the minimum criteria as set forth in the CMHS grant application. Applications were all approved by September 30, 1997, after the CMHS peer review team reviewed all applications and had requested additional information as needed to assure that each plan was adequate. The DMH continued to require that a community support assessment/life domains assessment be conducted for consumers on the provider caseload. The DMH evaluates the implementation of the requirement when a certification/site visit is conducted. The DMH sponsored a work group of providers and DMH staff to review the assessment, treatment planning, and other aspects of therapeutic activities for individuals with serious mental illness. This work group will continue to meet during FY 1998 and will give the DMH recommendations for improving the assessment and treatment planning processes.

**CASE
MANAGEMENT**

In FY 1997, providers were required by the DMH Minimum Standards for Mental Health Services and by Case Management Guidelines to evaluate each year those individuals who meet the state's criteria for serious mental illness and who are receiving substantial public assistance (Medicaid). This evaluation is based on a life domains assessment which is completed, at a minimum, once annually. If an individual is receiving substantial public assistance, is seriously mentally ill, and needs case management services, then this service is to be provided, unless the individual declines the service in writing. The DMH

evaluates the implementation of this requirement during the annual certification/site visit process.

In FY 1997, 13,239 adults with serious mental illness received case management services. There were 285 case managers statewide.

In FY 1997, the Case Management Task Force met on November 1, 1996, February 28, 1997, May 30, 1997, and July 31, 1997, to discuss progress on implementation of the strengths model and to make recommendations as needed. The Task Force had a major role in standardization of forms and revisions of the Minimum Standards for Case Management Services. The Task Force also identified their concerns regarding continuity of case management.

In FY 1997, DMH sponsored case management orientations on March 13-14, 1997, April 10-11, 1997, April 17-18, 1997, and September 4-5, 1997. The number of case managers trained in these sessions were 19, 20, 15, and 15, respectively, for a total of 69.

As in previous years, including FY 1996, the DMH again disseminated case management brochures in FY 1997 for distribution to individuals with serious mental illness who are receiving Medicaid and are served through the public community mental health system and other outreach efforts. The brochures, which are available throughout the year for case management outreach activities, are designed to inform individuals about the availability and general nature of mental health case management services.

REHABILITATION SERVICES

In FY 1997, the 16 psychosocial rehabilitation programs were continued. Statewide, within these 16 programs, were 68 clubhouse sites, which served a total of 3842 individuals during the year. Also, during FY 1997, the DMH sponsored the Eighth Annual Consumer/Clubhouse Conference entitled, "Mental Health: Moving Toward The Future." The conference was held on May 8-9, 1997, and approximately 400 consumers, family members and community service provider staff attended. The keynote address was entitled, "Senate Bill 2100: Mississippi Mental Health Reform Act," which enlightened the consumers, family members and service providers on the positive impacts this legislation would have on mental health services in the state of Mississippi.

The DMH, as a means of evaluating its programs and obtaining information to strengthen the Transitional Employment Program, contracted with Mr. David L. Hayes, of Hayes Enterprises, to conduct two seminars on "Skill Building For Job Placement." Content areas on which the seminar focused were: 1) Personal Interests; 2) Effective Job Search and Resume Preparation; 3) Appropriate Dress and Professionalism on the Job; 4) Job Interviewing

Skills; and 5) Transitional Employment Program (TEP) Benefits to Mental Health Consumers. The dates of these seminars were November 22, 1996, in Jackson, MS, and December 6, 1996, in Greenwood, MS. A total of 54 clubhouse service providers attended these two training sessions.

In June 1997, a Clubhouse Task Force Committee was developed for the purpose of revising the Clubhouse Service Plan, the monthly Clubhouse Progress Note, and the Training Curriculum for new clubhouse staff. The service requirements work group revised the planning and progress note process for psychosocial rehabilitation services. These changes will begin in calendar year 1998.

In FY 1997, there were 138 transitional and supported employment sites within 16 clubhouse programs (in all 15 regions). The total available employment placements clubhouses secured in FY 1997 was 198. A total of 237 consumers with serious mental illness were served in transitional employment and/or supportive employment in FY 1997.

In FY 1997, a DMH staff member continued to represent the DMH on the Project UNITE advisory council. Project UNITE, administered by the Department of Rehabilitation Services, was scheduled to officially close out on September 30, 1997, as it reached the conclusion of its three-year grant award. The Project UNITE Advisory Council met on January 8, 1997, and April 9, 1997, to review the projected outcomes of the programs developed through this grant. As a finale to FY 1997, Project UNITE sponsored a statewide conference on September 24-26, 1997. The conference was entitled "Cruise into the 21st Century with a Career Path: Supported Employment." The primary objective of this conference was to disseminate information, encourage family and consumer involvement, provide training for educators and supported employment personnel performing direct services and explore new and creative ways of providing these services.

HOUSING

In FY 1997, there was a total of 26 group home sites available for individuals with a serious mental illness. A total of 269 placements were available, and 348 individuals were served. Region 2 community mental health center did initiate services during the year, providing placements for 2 individuals in community-based housing. Region 8 community mental health center was provided funding by DMH but was not able to initiate services.

Also in FY 1997, the DMH provided funding for supervised apartments, adding Region 6 with 10 additional placements. A total of 42 apartments were subsidized. Region 7 decreased its capacity to 10 placements during the year.

In FY 1997, a total capacity of 70 placements were maintained in three transitional living facilities which are located in Greenwood, Jackson, and Meridian. The total number of individuals served through these programs in FY 1997 was 98.

In FY 1997, the DMH continued to require an assessment of housing needs for all adults with serious mental illness entering services and for all adults with serious mental illness in active services receiving case management or psychosocial rehabilitation.

In FY 1997, 10 CMHCs and the Community Services Division of the two state psychiatric hospitals reported serving 1,002 adults with serious mental illness in supported living and supervised apartments.

A total of 20 respite beds were available in housing placements operated or accessed through the community service providers.

As in previous years, the Department of Mental Health has continued efforts to support and facilitate individuals obtaining and maintaining more independent living situations. In such living situations, individuals live on their own with minimal or no supervision of daily living activities and are financially responsible for their own housing. The Department of Mental Health continues its collaborative efforts with the MS Department of Economic and Community Development, which develops the state's plan for housing, to increase housing options for individuals with serious mental illness, as well as other individuals it serves. Community mental health providers have also continued efforts at the local level to access and/or expand community housing options for individuals with serious mental illness. In FY 1997, examples of housing assistance accessed by local community mental health providers for eligible individuals with serious mental illness included: federal housing assistance, such as subsidized apartments, low rent housing, Section 8 and apartments for persons with disabilities, and rental assistance administered through local public housing authorities; local cost housing through Habitat for Humanity; emergency shelter and temporary shelter through the Salvation Army; and, temporary/homeless shelters through other local nonprofit agencies.

**FAMILY
AND CONSUMER
EDUCATION/
SUPPORT**

In FY 1997, the Family Education/support training was held on March 6-7, 1997. A total of eighteen staff from five community mental health regions were trained in that session.

The DMH continued to support the Mississippi Alliance for the Mentally Ill (renamed NAMI-Mississippi) in the implementation of its Journey of Hope

(currently the Family to Family Education) program. In FY 1997, the Family to Family Education program was offered in Regions 7, 8, 9, 10, 12, 13, and 15.

In FY 1997, one consumer education/support training session was held by the DMH, with a total of 19 staff members being trained in the use of the consumer education/support curriculum. Training was held on January 30-31, 1997.

In FY 1997, at least one family education/support program was made available in each of the 15 CMHC regions. Community programs reported providing a total of 34 Family Education/Support Groups, and 310 individuals received family education/support services. There were also nine Family to Family Support Groups that served 189 individuals.

In FY 1997, at least one consumer education program was made available in each of the 15 CMHC regions. The community programs reported providing a total of 29 Consumer Education/Support Groups, through which 295 individuals were served. There were also nine BRIDGES programs conducted by consumers that served 85 individuals. Building Recovery of Individual Dreams and Goals Through Education and Support (BRIDGES) is an education program for consumers run by consumers.

DUAL DIAGNOSIS

In FY 1997, \$250,000 in SAPT block grant funds was again allocated to the Division of Community Services at Mississippi State Hospital for a 12-bed community-based residential facility for individuals with dual diagnoses of serious mental illness and substance abuse.

In FY 1997, all CMHCs received funds that could be used for direct services and for training of staff in the area of dual diagnosis services. In FY 1997, the 15 CMHCs and the Community Services Divisions of the two state psychiatric hospitals reported serving 5,290 adults with a dual diagnosis of serious mental illness and substance abuse. This program served 14 individuals in FY 1997.

The Dual Diagnosis Task Force met six times in FY 1997 (January 15, 1997, February 26, 1997, March 19, 1997, May 21, 1997, July 16, 1997, and August 29, 1997). The Task Force provided training in April 1997, and future plans were developed for additional training later in the year. The Task Force identified eight core services that each CMHC will make available to individuals with dual diagnoses of mental illness and substance abuse. These core services include: (1) day treatment; (2) engagement/outreach activities; (3) intensive case management; (4) nursing care; (5) specialized group

therapy; (6) training/educational activities; (7) psychiatric care; and (8) transportation. The CMHCs will begin providing these services in FY 1998.

Additionally, in FY 1997, 13 CMHCs and the Community Services Division of one of the two state psychiatric hospitals reported that staff received additional training in the area of dual diagnosis.

In FY 1997, the DMH allocated \$1,489,000 to the CMHCs for services to individuals with dual diagnosis of mental illness and substance abuse. The state funded a training session for mental health professionals on integrating treatment and program development for persons with dual diagnosis (mental illness and substance abuse). As previously mentioned, the training, which was initiated by the Dual Diagnosis Task Force, was conducted by Kathleen Sciacca in April 1997. Approximately 150 mental health professionals attended the training session. The additional funds were utilized by local CMHCs in providing continued identification of the targeted population, providing direct services to this population, as well as further training.

**EMERGENCY
SERVICES/
CRISIS
MANAGEMENT**

In FY 1997, having completed several of their major objectives, (minimum standards, law enforcement academy training curriculum), coupled with the development of several crisis response programs, the Emergency Services Task Force ceased to meet in FY 1997. The DMH continued to meet with staff in those community mental health regions targeted to pilot crises response services in the state. With those regions being interested in collecting information on crisis services, a new work group was formed. The "Crisis Services Work Group" met on June 20, 1997, to share ideas on establishment of crisis response services such as crisis case management and crisis residential programs.

In FY 1997, the DMH continued to meet with staff to assist with the development of the crisis services of the six emergency pilot sites (Regions 6,7,9,12,13,15). Region 6 received funding during FY 1997 to begin development of a 40-bed crisis residential facility. The DMH met with Region 7 only on November 20, 1996. Region 7 has expressed no interest in pursuing crisis services programs to date. Region 9 continued to work with the Metro Commission on Crisis Intervention (MCCI) at meetings on March 18, 1997, June 24, 1997, July 22, 1997, August 12, 1997, to continue work to establish a crisis residential facility in the Hinds Metro Area. St Dominic Hospital and Region 9 Community Mental Health Center have committed to the MCCI to operate the facility. The Region 9 Mental Health Commission submitted a proposed budget to the Department of Mental Health and has been awaiting notice of funding. The Commission also has continued its effort to find a location for the facility.

Region 12 continued to provide crisis case management within their region. The DMH met with Region 12 community mental health center staff on November 21, 1997, to review the crisis case management program as well as the Partial Hospitalization (Acute) programs the center is operating. Region 12 has two partial hospital acute programs to serve individuals in crisis with potential for re-hospitalization, which served 260 persons in FY 1997.

Region 13 continued to operate a crisis residential facility in Gulfport in Harrison County. Currently, they are preparing to break ground on a new facility to better house the program.

Region 15 received funding from the DMH during the FY 1997 to begin operation of a crisis residential facility. Region 15 currently is in the planning stages of developing this new service. The DMH has met with Region 15 community mental health center staff (on November 12, 1997, December 2, 1997), to provide guidance in development of the crisis residential center. Region 15 continued to provide crisis case management services region-wide in FY 1997. Region 15's crisis case management service has proven effective in serving both consumers in crisis and consumers with dual diagnoses of mental illness and substance abuse who were treatment resistant and difficult to engage in services.

In FY 1997, the DMH continued to work with Region 11 (this makes a total of seven sites) in developing pilot crisis management services. DMH staff met with them on November 7, 1996, to work on plans for a three-county (Pike, Amite and Walthall) pilot program. In August 1997, Region 11 began the three-county pilot program.

Regions 6 and 15 committed to operating and supporting a crisis residential program in their regions during FY 1997. As mentioned previously, Region 6 has plans to construct a 40-bed facility. Region 15 will work in conjunction with a county-provided holding facility and hopes to provide a step-down unit for those discharged from this holding unit. Both Regions 6 and 15 have secured funding from the counties in their catchment areas to provide these services. The DMH awarded each Region with funding during FY 1997 for start-up costs of the programs.

In FY 1997, the DMH conducted pre-evaluation screening training on four occasions: November 7, 1996; February 13, 1997; May 29, 1997; and August 14, 1997. A total of 110 staff from Community Mental Health Centers were trained and later certified in conducting pre-evaluation screening during FY 1997. As a quality assurance measure, DMH receives quarterly reports from the two state psychiatric hospitals documenting the completeness of the pre-

evaluation screening documents within their catchment or service areas. Upon receipt of these reports, DMH then disseminates the results to the CMHCs and provides technical assistance to the CMHCs upon request.

Additionally, in FY 1997, 10 CMHCs also reported providing training in the area of crisis management to other agencies/service providers. Examples of the participating agencies/organizations included: nursing home staff, law enforcement, medical response staff, school personnel, and local hospitals. Eleven CMHCs and the Community Services Division of one of the state psychiatric hospitals also reported providing their staff with crisis management training.

In FY 1997, the Crisis Intervention Training Workgroup met on April 23, 1997, and June 20, 1997, to revise the Crisis Intervention Training Curriculum for the Law Enforcement Training Academies in Mississippi. Based upon the recommendations of this workgroup, it was resolved to not only revise the present curriculum for the training academies, but to use the academy curriculum in developing a separate in-service training curriculum for experienced law enforcement personnel. An additional decision made by the work group was to combine the evaluation form utilized by the Division of Public Safety and Standards in the MS Department of Public Safety and the Evaluation form developed by DMH, to utilize in future training programs. A brochure is in the process of development which will be disseminated to statewide law enforcement agencies to create an awareness of the curriculum for experienced officers. The content of the in-service training product will emphasize effective communication skills and ethical considerations. A presentation was made to the MS State Mental Health Planning Council on these recommendations and activities of the law enforcement work group, on July 11, 1997, at Mississippi State Hospital.

Throughout FY 1997, the Crisis Intervention Training Curriculum was presented on five occasions within the state's Law Enforcement Academies. The evaluation form, brochure, in-service training product and revised curriculum for the Law Enforcement Academies will be completed and utilized during FY 1998.

**SERVICES
FOR
HOMELESS
PERSONS**

In FY 1997, Region 7 Community Counseling Services in Starkville reported serving 39 adults with serious mental illness who were homeless; Mississippi State Hospital Community Services Division in Jackson served 216; and East Mississippi State Hospital Community Services in Meridian served 43. A total of 298 individuals with serious mental illness who are homeless were served through the three programs. The programs also provided outreach to other community agencies that serve homeless persons, such as shelters, law enforcement and food centers. In addition, the Mississippi State Hospital Community Services Division in Jackson provided dual diagnosis group therapy.

In FY 1997, the Department of Economic and Community Development (DECD) continued to have a representative from the housing service area on the MS State Mental Health Planning Council. A representative of the Department of Mental Health also participated in an October 11, 1996, meeting of an interagency housing advisory group convened by DECD, the 1997 One Year Plan Task Force. The DECD develops the state's Consolidated Housing Plan submitted to the U.S. Department of Housing and Urban Development (HUD). The DMH sent notice of the availability of the 1997 One-Year Action Plan for Housing and Community Development draft for review and comment to the DMH Bureau Chiefs, the DMH Division Directors, DMH facility directors, CMHC directors, and the State Mental Health Planning Council. Throughout the year, the DMH Division of Planning/Public Information also disseminated announcements and information from the DECD's Community Services Division regarding housing programs and related training events and meetings to community mental health centers and DMH Central Office staff. In addition to this information from the DECD, the DMH also disseminated to CMHCs information from the MS Home Corporation on its program and various training opportunities. Additionally, the DECD representative on the MS State Mental Health Planning Council invited mental health staff representatives and other interested persons to participate in and/or attend the Mid-South Regional Conference on Homelessness in September 1997.

**SERVICES FOR
ELDERLY
PERSONS**

In FY 1997, each of the 15 CMHCs was required to submit a plan for providing services for elderly persons with serious mental illness. The minimum areas centers were required to address in the local plans were outreach, case management and linkage with other area agencies. On September 15, 1997, members of the Elderly Services Task Force met to review the elderly services plans for fiscal year 1998. Requests for additional information were disseminated to the CMHCs that did not meet the minimum requirements as stated on the Elderly Services Plan Requirements. Information

from these CMHCs was resubmitted to DMH, and Elderly Service Plans were approved by September 24, 1997.

In FY 1997, the CMHCs continued to conduct Level II evaluations for mental illness in accordance with the approved PASARR process.

In FY 1997 approved Preadmission Screening and Annual Resident Review (PASARR) Level II processes continued to be implemented/monitored, in accordance with the approved OBRA state plan. Services through the CMHCs continued to be available to individuals referred through the PASARR process (if appropriate). Eligible individuals referred for mental health services through the state approved process may receive specified services reimbursable through Medicaid at CMHCs. In addition, they may also receive the following services provided in the nursing facility by a mental health specialist: (mental health) nursing services; crisis intervention for a life threatening mental illness; intensive individual, family or group therapy and psychosocial rehabilitation services.

CULTURAL DIVERSITY ISSUES

In FY 1997, the Department continued to use the National Coalition Building Institute's Prejudice Reduction training model. The group has formed a state chapter. Chapter members have provided a total of 30 training sessions, involving 973 participants. Participants have included children and adult community mental health center staff, ministers, community leaders, volunteers, and graduate students. The Department of Mental Health also provided funds for a member of the Minority Issues Task Force to make a presentation on cultural diversity at an international conference on cultural diversity. This individual will make reports to the Minority Issues Task Force and other interested groups on the issues identified at the conference.

In FY 1997, there was at least one training activity in the area of cultural diversity awareness/sensitivity made available in all 15 regions and for the staff from the Community Services Divisions of the two state psychiatric hospitals. The CMHCs made training available to 787 staff in the area of cultural diversity awareness/sensitivity.

Additionally, six CMHCs reported providing training in cultural diversity to other agencies/entities in their communities. Types of community groups that received this training included: other nonprofit mental health service providers and volunteers, other mental health centers' staff, Department of Human Services staff and local hospital staff.

In FY 1997, the Minority Task Force continued involvement with the NCBI chapter and the training in conflict resolution and cultural diversity. During the fiscal year, the Department of Mental Health surveyed states to determine

**MEDICAL/
DENTAL/
OTHER
SUPPORT
SERVICES**

the level of involvement in minority issues and obtained information about various projects and task forces in other states. Also, in FY 1997, the Department of Mental Health contacted local church leaders in the Jackson-Metropolitan area to develop a task force to discuss cultural issues regarding access to mental health services and the role that church leaders play in regard to referring individuals for services and in minorities accessing services.

In FY 1997, CMHCs, as a part of their applications for CMHS Block Grant funds, had to develop a Community Support Program (CSP) Plan. The CSP plan had to include plans for accessing medical and dental, as well as other support services for adults with serious mental illness. Methods for accessing these services varied from region to region and included both formal and informal agreements.

Specific examples of medical/dental services provided/accessed by different local mental health providers in FY 1997 for adults with serious mental illness included: inpatient services, general medical services, nursing home services, emergency services, TB screening, home health services, specialty care (podiatry, dermatology, ophthalmology, geriatric psychiatric services), immunizations, birth control services, OB/GYN services, psychiatric evaluation, treatment and monitoring (including medications), communicable disease evaluation, laboratory services and surgery services, eye glasses, general dentistry (such as examinations, fillings, etc.), and some oral surgery, denture and preventive dentistry services.

Examples of local providers of medical/dental services through which community mental health providers accessed services in FY 1997 included: federally-funded health clinics, rural health clinics, local county health departments, regional/county medical centers, local private practitioners (including general practitioners, dentists and specialists), university-based or community college-based medical and dental services, and home health agencies. Some local programs also report accessing some financial or transportation assistance for medical/dental needs through local practitioners, local civic clubs, the Medicaid program and the Department of Human Services.

Examples of other (in addition to those listed previously) mental health/support services provided to adults with serious mental illness in FY 1997 through interagency agreement/coordination among community mental health and other support service providers included: energy assistance, winterization of homes, home improvements, food assistance, food stamps, emergency food assistance, disability benefits, transportation, rape counseling/spouse abuse counseling, adult protective services, service information and referral, coordination of services for veterans, and shelter programs. These services were provided

through and to a variety of community agencies and groups, such as: local nonprofit programs (such as Gulf Coast Women's Center, Daybreak, Lift, Inc., etc.), United Way (First Call for Help), the Department of Human Services, Social Security Administration, local civic organizations (such as Pilot Club), Area Agencies on Aging, Red Cross, Veterans Administration and local church-sponsored programs.

In FY 1997, the CMHCs again were required to develop a transportation services plan as part of their CSP plans approved for FY 1997 by DMH. In FY 1997, all CMHCs and the two community services divisions of the state psychiatric hospitals had established policies and procedures assuring availability of these transportation services. In FY 1997, all of these programs reported utilizing center-operated vehicles in making transportation available for adults with serious mental illness. Eight CMHCs and the community services division of one of the state psychiatric hospitals also reported making transportation available through affiliation agreement with other agencies; nine CMHCs and the two community services divisions of the state psychiatric hospitals reported utilizing local public transportation (buses, cabs, etc.).

In FY 1997, psychiatric medication evaluations were provided in 81 of the 82 counties of the state. Issaquena County continued to be the only county without medication evaluations provided in the county, and the county continued to be served by the clinic in south Washington County and in Sharkey County.

Community-Based Mental Health Services for Children

The Division of Children and Youth Services is responsible for determining the mental health service needs for children and youth in Mississippi and for planning and developing programs to meet those identified needs. The staff of the Division of Children and Youth Services direct, supervise, and coordinate the implementation of Department-funded children and youth mental health programs operated by community mental health service providers within the state. The Division develops and supervises evaluation procedures for these programs to ensure their quality and oversees the enforcement of federal, state, and local regulations, as well as the Department of Mental Health guidelines and standards for services. Community mental health services for children are currently provided through the 15 regional community mental health centers and a number of other nonprofit agencies/organizations funded through the Department of Mental Health.

As reflected in the Ideal System Model for children's mental health services in the State Plan, the overall goal of the Division of Children and Youth Services is to develop a basic array of regionalized, community-based mental health services for children and adolescents which will focus on family and community involvement. This system of care ideally would include diagnosis and evaluation, prevention, outpatient services, day treatment, crisis intervention, case management, and a variety of community residential programs. Recognizing that children with mental health problems may have multiple needs, a comprehensive system of care would also involve access and coordination of services provided through other child and family service agencies (sometimes with flexible funding across these agencies), both at the state and local levels. The intent of having such a system in place is to provide the most appropriate type of service needed by the child or adolescent as close as possible to his/her home and family so that the family may be involved in the treatment. Having a range of appropriate services in place will prevent inappropriate institutionalization, which could result from the lack of appropriate services in communities.

Components of the Community-Based Service System For Children with Emotional Disturbance/Mental Illness

PREVENTION PROGRAMS

Prevention programs provide services to vulnerable at-risk groups of children and youth prior to the development of mental health problems. Children who are especially vulnerable include children in one-parent families, children of mentally ill parents, children of alcoholic parents, children of teen parents, children in poor families, children of unemployed parents, children with an incarcerated parent, children experiencing severe deprivation, children who have been abused or neglected and children with physical and/or cognitive disabilities.

It should be noted that all of the early intervention programs, as well as some specialized outpatient programs, provide some prevention activities.

DIAGNOSIS AND EVALUATION SERVICES

Diagnosis and evaluation services focus on the assessment of primary needs of children suspected of having an emotional or mental disorder. These services encompass formal early diagnostic and evaluation services, i.e., psychiatric and psychological evaluations, and social histories that must be completed in order to develop the most appropriate service plan for each child. A variety of methods may be used, such as observation, behavior checklists, standardized tests, and structured interviews with families and children.

EARLY INTERVENTION SERVICES

Early intervention programs, often designed to include collaboration among service programs and agencies, are intended to intervene as early or as soon as problems are suspected and/or identified. Early intervention includes those services or programs designated for young children as well as programs for all ages of children and adolescents (Stroul and Friedmen, 1986).

CASE MANAGEMENT

Case management focuses on accessing and coordinating appropriate services in the community for children with serious emotional disturbance. Services provided to children and adolescents through case management may be in any of the treatment settings or prevention/early intervention programs. The case manager is responsible for brokering services for children and their families.

OUTPATIENT SERVICES

Non-residential, community-based mental health treatment services for children and adolescents with serious emotional or mental disorders are a significant part of a wide array of services. The major goal of providing non-residential, community-based services is to provide appropriate mental health

services while the child remains in the family home. Outpatient services include individual, group, and family therapies.

**DAY
TREATMENT**

Day treatment is a non-residential therapeutic program for children in need of more intensive or long-term treatment services in the community. Programs may take place during and/or after the school day. The regional mental health centers and school systems often work together in meeting the multiple needs of children or adolescents served in day treatment programs.

**COMMUNITY-
BASED
RESIDENTIAL
SERVICES**

Community-based residential services for children and adolescents with serious emotional or mental disorders provide an alternate living arrangement to the family home, but the location of that residence is in or near the child's home community.

Therapeutic foster care provides residential mental health services to children or adolescents with emotional disturbance in a family setting utilizing specially trained foster parents.

Therapeutic group homes provide residential mental health services to children or adolescents who are capable of functioning satisfactorily in a group home setting. The purpose of therapeutic group home care is to provide a therapeutic environment using specially trained "house parent" staff as key therapists. A therapeutic group home is usually a single home located in the community (Stroul and Friedman, 1986).

Community-based residential treatment services for adolescents with alcohol/drug abuse problems provide residential services to adolescents with substance abuse problems or dual diagnoses of substance abuse and mental illness who are in need of services at this level of intensity. Services are provided in programs which include an array of therapeutic interventions and treatment.

**RESPITE
SERVICES**

Respite services are planned temporary services provided for a period of time ranging from a few hours within a 24-hour period, to an overnight or weekend stay, up to as many as 90 days depending on program guidelines. Respite services may be provided in-home or out-of-home by trained respite workers or counselors, as community-based residential or non-residential services.

**PROTECTION
AND ADVOCACY**

Protection and advocacy services can be facilitated through a variety of services and mechanisms. They provide an orientation for the mental health agency and other child and family agencies to work together to improve availability and accessibility of services.

INTERAGENCY NETWORKING AND TRAINING

Staff of the Division of Children and Youth Services continue to provide in-service training and to maintain contacts with service provider groups across the system of care, such as teachers, Department of Human Services workers, Department of Health staff, Youth Court personnel, Head Start personnel, and community mental health center staff.

Ongoing contacts are maintained with other child and family advocacy organizations, such as the Mississippi Protection and Advocacy System, Inc., to facilitate advocacy and networking for parents.

INPATIENT SERVICES

Inpatient treatment services are an important component of a comprehensive service array of mental health services for children and adolescents with serious emotional disturbance. Appropriate inpatient services are provided based on the needs of the child/adolescent for more intensive services, such as for children who are an immediate danger to themselves or others. Three kinds of inpatient treatment are described as follows:

Local inpatient treatment usually involves short-term hospitalization, which may be aimed at stabilizing a crisis situation. In such instances, hospitalization may last for only a few days and will probably be in a general hospital or in a psychiatric unit within a general hospital.

Inpatient psychiatric services may refer to either acute, short-term (90 days or less) or longer-term intensive psychiatric services for more severely disturbed children or adolescents in a hospital-based setting.

Inpatient Alcohol and Drug Treatment services are typically for adolescents who need more intensive services and are usually characterized by shorter lengths of stay than in community residential center services.

EMERGENCY/CRISIS SERVICES

Emergency services can be short-term, with intensive and immediate intervention provided at a time of crisis to the child and family. These services can also be provided for longer periods of time (typically six to eight weeks), becoming a crisis management service. Emergency/crisis services could occur outside the home and could include crisis counseling as well as the capacity for emergency evaluations, if needed. However, the necessary services could also be delivered in the home as an intensive in-home crisis intervention.

TRANSITIONAL SERVICES

Transitional services are designed to help children and adolescents make the transition from pre-school to school-age services and/or from school-age

to adult services, including independent living and preparation for paid employment.

**THERAPEUTIC
SUPPORT
SERVICES**

Therapeutic support includes services such as mentoring, attendants or sitters during crisis, staff training, volunteer services and any other therapeutic support given for participation in activities such as school clubs and other extracurricular activities.

**Progress and Service Highlights in FY 1997
Community Mental Health Services for Children**

**PROVISION
OF SERVICES**

In FY 1997, 18,228 children with SED were reported to be served through the public community mental health system (includes estimated data from four nonprofit programs). Additionally, 99 children with SED were served by providers certified for therapeutic group home or therapeutic foster care services by DMH, but not funded by the DMH, during the period in FY 1997 in which they were certified.

In FY 1997, a Continuity of Care Committee was established, bringing together representatives of community mental health centers, the two state psychiatric hospitals, family members of consumers and DMH State Office staff to identify and develop recommendations for improving the continuity of services individuals with serious mental illness and children with serious emotional disturbance receive across community and inpatient systems of care.

The committee also invited representatives of the court system to participate in its workgroup addressing those issues.

In its initial meetings, the full committee focused their efforts on identifying barriers and possible solutions to the barriers to continuity of care across the community mental health and hospital services system. The group generated a working list of barriers and potential solutions and categorized these issues in relation to points in the system where breakdowns in continuity can occur: (1) entry and crisis and (2) maintenance/transition. The committee also grouped barriers identified as related to the court and commitment processes.

To develop specific recommendations for addressing the barriers in these three areas identified by the committee, three workgroups were formed: (1) Entry/Crisis Workgroup, (2) Maintenance/Transition Workgroup, and (3) Court Workgroup. By the end of September 1997, scheduled workgroup meetings had begun, each to discuss in detail the barriers specific to their area and to develop specific recommendations for addressing those barriers. The recommendations developed by each workgroup will be combined into a draft report for review and further work by the full committee.

The full committee met twice in FY 1997 (July 14, 1997 and August 22, 1997). By the end of September 1997, the Crisis/Entry Workgroup had met once (September 9, 1997); the Maintenance /Transition Workgroup had met twice (September 4, 1997 and September 18, 1997), and the Court Workgroup had met once (September 11, 1997). The initial report from the Continuity of Care Committee to the MS State Mental Health Planning Council was made at the July 11, 1997, Council meeting. As the Continuity

of Care Committee continues its work, it will continue reporting its activities to the Planning Council.

In FY 1997, the Children's Task Force continued its work begun in FY 1996 to develop recommendations for implementation of HB 1421 to be presented to the MS State Mental Health Planning Council. The Children's Services Task Force met on October 21, 1997, and on November 21, 1997, to discuss and synthesize the work of its three subcommittees in a final report, "Recommendations for Developing Guidelines for Implementation of HB 1421." The task force chairperson presented the report to the full Planning Council on November 22, 1996. The report set forth recommendations for core services that are needed statewide for children with serious emotional disturbance and their families. In developing these recommendations, the task force also identified "operational issues" that need to be addressed in planning and implementing these core services.

The Planning Council voted to accept the Task Force's report at its November 1996 meeting and to present the report to the State Board of Mental Health, the governing authority of the Department of Mental Health at the December 1996 Board meeting. The State Board voted to accept the report, noting it would be used in guiding implementation of HB 1421 as necessary funds become available. At its January 1997 meeting, the MS State Mental Health Planning Council, after being informed of the Board's acceptance of their report, voted to offer formally the continued assistance and involvement of the Children's Services Task Force and the Planning Council to the Department of Mental Health in the phase of planning and implementing recommendations contained in its report. The Executive Director of the Department of Mental Health accepted the Council's offer at the Council's next meeting (April 1997) and reiterated in a letter soon afterward the Department's commitment to follow up on the issues contained in the report.

The Children's Services Task Force also met on May 12, 1997, to discuss in more detail development of the draft of the FY 1998 State Plan for Children with Serious Emotional Disturbance. They met again on June 11, 1997, to further discuss the draft plan and to receive an update on the MS Connections Project by the Chairperson of the Children's Advisory Council.

In FY 1997, the Division of Children and Youth Services coordinated two meetings (June 24 and July 17, 1997) of a workgroup to develop proposals for improving case management services, specifically targeting individuals being discharged from state hospitals, as set forth in SB 2100, the Mental Health Reform Act of 1997. Draft results of the committee's work have been

developed for review. Most of the members of this case management study group also serve on the Continuity of Care Committee to facilitate integration of the two committees' work.

**PROGRAM
STANDARDS**

During October-December 1996, Division of Children and Youth Services staff conducted two CMHC site reviews (Regions 3 and 4) and Record Monitoring Reviews (CMHC Regions 10 and 15) and 4 certification review visits for new CMHC Day Treatment programs (for a total of 8 CMHC reviews). Additionally, three certification visits were made to private, non-profit service providers (MS Committee for Prevention of Child Abuse, St. Francis Academy, and Signal Hill Group Home) and five record monitoring reviews (Vicksburg Child Abuse Prevention Center, Vicksburg Family Development Service, DeSoto Sunrise Homes, Senior Services TFC, and Catholic Charities, Inc.), for a total of 8 monitoring visits to these programs.

In FY 1997, during the period January 1 - September 30, 1997, revised DMH Minimum Standards for children's community mental health services for 1997-1999 were implemented in 15 CMHC regions and with 13 private, non-profit providers.

**OUTREACH/
ACCESS**

In FY 1997, DMH Division of Children/Youth Services directories were provided, and DMH staff participated in and/or made presentations at 10 meetings/training events.

DMH Division of Children and Youth staff were also available to provide general information about children at risk for or with serious emotional disturbance at 32 other training events or special projects meetings, some of which were held more than once during the year.

Examples of specific consultation/education activities and other public education efforts provided at the local level by CMHCs and other nonprofit children's mental health programs in FY 1997 to inform the community and special groups about children at risk for or with serious emotional disturbance and/or services available to assist them included: Head Start consultations; work with local schools through a variety of activities, such as teacher training, presentations to teachers, school administrators or board members about children at risk and available community mental health services for youth; presentation of parenting workshops or support groups; presentations at PTA groups; presentations at local civic clubs and churches; participation in health fairs and awareness campaigns, such as the Red Ribbon program, which involves drug-free activities for youth in the community; participation in conferences and presentations to other child and family service

organizations in communities, such as local Head Start, Youth Court, Department of Human Services (welfare agency), shelter and prevention program staff; presentations to community college classes; work with volunteers; provision of tours and open house events; outreach to homeless/runaway youth through local businesses (by a specialized program, Our House); and, communication through local newspaper articles and television programs or interviews.

**PREVENTION/
EARLY
INTERVENTION**

In FY 1997, funding continued for four prevention/early intervention programs: two for teen parents; one for families of children/youth at-risk for or with SED through the Mental Health Association of the Capital Area and one through the Vicksburg Child Abuse Prevention Center (CAP). In FY 1997, 363 teen mothers with 485 children were served by the Exchange Club of Jackson Parent/Child Center, and 153 mothers or expectant mothers with 131 children were served by the Vicksburg Family Development Center. The Mental Health Association served 150 families, and the Exchange Club of Vicksburg Child Abuse Prevention (CAP) Center served 483 families with 1,497 children. In addition to offering prevention education programs and a statewide newsletter, the MS Committee for Prevention of Child Abuse also served 525 children through the Children's Advocacy Center.

In FY 1997, five Head Start agencies and five CMHC directors met at the United Way Building in Jackson, MS, on August 20, 1997, to address early intervention partnerships. During FY 1997, technical assistance was provided to several CMHC regions (Regions 3, 4, 12 and 15) to further develop early intervention services in the Head Start programs and/or local preschools.

In FY 1997, funding continued to help support three specialized multidisciplinary sexual abuse intervention programs that included children with serious emotional disturbance. These programs were the Warren-Yazoo Mental Health Center sexual abuse intervention program, the Pine Belt Mental Healthcare Resources sexual abuse intervention program, and the Vicksburg Family Development Service sexual abuse intervention program. These programs served 459 children. The Exchange Club of Vicksburg Child Abuse Prevention Center participated as a member of the Vicksburg/Warren County Multidisciplinary Sexual Abuse Intervention Team.

**DIAGNOSIS/
EVALUATION**

In FY 1997, intake needs assessments and service planning continued to be conducted by CMHC service providers, as required by DMH minimum standards. The number of children with SED for whom individual intakes were conducted by CMHCs in FY 1997 was reported to be 9,289. The Division of Children and Youth Services staff continued to monitor compliance with DMH

minimum standards pertaining to intake needs assessment and treatment planning.

In July, 1997, a workshop was conducted by Kay Hodges, Ph.D., of the University of Michigan focusing on the Child and Adolescent Functional Assessment Scale (CAFAS), which will be required as part of assessment beginning in January 1998, for children and youth services. Forty-five individuals from the CMHCs in the state and other DMH-funded children's services providers participated in the training.

CASE MANAGEMENT

In FY 1997, in accordance with DMH Minimum Standards for Mental Health/Mental Retardation Services, evaluations to determine the need for case management services for children and youth with SED who receive Medicaid were continued in all 15 CMHC regions, and case management was offered to those eligible individuals in need of the service. DMH staff monitored the implementation of this requirement during on-site visits.

In FY 1997, a total of 7,875 children with SED, including children receiving Medicaid, were reported as having received case management services through the CMHCs. In FY 1997, the number of case managers providing services to children was reported as 190; some of these case managers also served adults.

In FY 1997, statewide case management training focused on infrastructure building and was available to case managers and other children's services staff, from all 15 community mental health centers. Special education personnel and representatives of MS Families As Allies also attended the Case Management Training sessions. The Case Management training was made available at three locations across the state (April 4, 1997, Jackson; April 18, 1997, Hattiesburg; and May 2, 1997, Clarksdale). Additional small group case management training sessions were conducted at the Region 4 CMHC (Corinth) on August 29, 1997, and at Region 14 (Pascagoula) on September 16, 1997.

OUTPATIENT SERVICES

In FY 1997, there was a continued availability of general outpatient services to children with SED and their families. In FY 1997, a total of 14,275 children with serious emotional disturbance received outpatient services through the 15 community mental health centers, including individual, group, or family therapy services. As of September 30, 1997, there were a total of 216 school-based general outpatient sites in those regions where CMHCs chose to offer school-based general outpatient services. The DMH Division of Children/Youth Services also began development of specific guidelines for school-based outpatient therapy services (to be used by programs in addition to DMH minimum standards) for those CMHCs developing or implementing school-based outpatient services.

**DAY
TREATMENT**

In FY 1997, 13 CMHC regions provided 237 day treatment programs, with each program having a minimum of five and a maximum of nine children/youth enrolled at a given time. These 237 programs were provided at 116 service sites and served 2,987 children in FY 1997. Of the 237 day treatment programs, 102 served only elementary students; 47 served only junior high students and 44 served only high school students (193 programs). The other 44 programs served children from both elementary and junior high school or from junior high and high school. In 1997, the DMH Division of Children and Youth Services staff coordinator of day treatment services conducted site and certification visits and record monitoring of day treatment programs. This individual provided on-site technical assistance to 14 of the 15 CMHCs focusing on start-up of additional and/or new day treatment programs, although only 13 of the 15 CMHCs actually provided this service in FY 1997. Additionally, technical assistance on day treatment was made available through sessions during the Children's Mental Health Institute in October 1996.

In FY 1997, all of the thirteen CMHCs providing day treatment received on-site technical assistance. On November 19, 1996, the day treatment specialist in the Division of Children and Youth Services facilitated a day-long technical assistance and staff development workshop with representatives of all CMHCs operating day treatment for children and youth (including school-based) as well as all interested non-profit, private children's mental health service providers funded by the DMH. Of the 237 day treatment programs available in FY 1997, 159 were based in schools, and 78 were based in CMHCs.

In FY 1997, technical assistance was available to Adolescent Offender Program day treatment programs upon request and through certification visits. Training was also provided to AOP direct care providers and supervisors by the Division of Children and Youth Services Day Treatment Specialist on: January 8-10, March 20, March 26-27, June 11-12, August 12, and September 24-25, 1997, to Adams County AOP and to AOP programs in CMHC Regions 1, 3, 12, and 15. In FY 1997, there were 26 AOP program sites in the state that were certified and monitored by the DMH Division of Children and Youth Services staff.

**COMMUNITY
BASED
RESIDENTIAL
SERVICES**

In FY 1997, therapeutic foster care continued to include provision of two therapeutic foster care homes through Pine Belt Mental Healthcare Resources, as part of the DMH grant to that program for operating a therapeutic group home for young girls (5 to 10 years old). Therapeutic foster care continued to be provided through Catholic Charities, Inc., in the Jackson area, with care actively available for 16 families, with 27 total families trained. Eleven of the 27 homes were utilized for respite for other children/families in the therapeutic foster care program. Additionally, Senior Services and United Methodist

Ministries with Children and Families, non-profit, private providers funded through DHS and certified, but not funded, by DMH provided therapeutic foster care services to 28 youth in FY 1997. The DMH made technical assistance available to existing and developing providers of therapeutic foster care during the year.

In FY 1997, the DMH continued to make funding available for 12 therapeutic group homes, as well as provided funds to providers of three transitional therapeutic group homes for purchasing mental health services. The 12 therapeutic group homes funded by the DMH served a total of 309 children/youth. A factor in the significant increase in the overall number of children/youth served from the previous year is that one of the new homes was a crisis residential home, with stays limited to 14 days (exceptions for longer stays only on DMH approval). In FY 1996, this new home was operational for only a short period of time. Additionally, the DMH provided funding for opening one new therapeutic group home during FY 1997 (funded, but not operational during FY 1997). The therapeutic group homes that received funding from DMH in FY 1997 were:

- Golden Triangle Group Home for Girls, in West Point, operated by Region VII Community Counseling Services (counted as two homes);
- Bacot Home for Youth, Pascagoula, operated by MS Children's Home Society and Family Services Association until July 1, 1997 (operation has been transferred to St. Francis Academy);
- Powers Group Home for Girls, Jackson, operated by MS Children's Home Society and Family Services Association (counted as two homes);
- Pine Belt Therapeutic Group Home for Boys, Petal, operated by Region XII, Pine Belt Mental Healthcare Resources;
- Pine Belt Therapeutic Group Home for Girls, Laurel, operated by Region XII, Pine Belt Mental Healthcare Resources;
- St. Michael's Therapeutic Group Home for Boys, Picayune, operated by St. Francis Academy;
- ABLE I and ABLE II (two homes) Therapeutic Group Homes for Dually Diagnosed Boys (MR/EmD), Picayune, operated by St. Francis Academy;
- Warren-Yazoo Therapeutic Group Home for Boys, Vicksburg, operated by Region XIV, Warren-Yazoo Mental Health Service;
- Hope Haven Crisis Residential Therapeutic Group Home, Jackson, operated by Catholic Charities, Inc., of Jackson (program described previously as having stays limited to 14 days); and,
- New six- to eight-bed therapeutic group home, Grenada, to be operated by MS Children's Home Society and Family Services

Association (program described previously as funded, but not operational in FY 1997).

Also, an additional 71 youth were reported as served through therapeutic group homes certified, but not funded by the DMH. These homes included:

- Monroe Home for Boys, Amory, operated by United Methodist Ministries, Children's and Family Services;
- Pendleton Therapeutic Group Home for Boys, Natchez, operated by United Methodist Ministries, Children's and Family Services;
- Therapeutic Group Home for Girls, Columbus, operated by United Methodist Ministries, Children's and Family Services; and,
- Desoto Sunrise Therapeutic Group Homes (one for boys and one for girls), DeSoto, operated by Desoto Sunrise, Inc.

In FY 1997, the DMH also provided funds to providers of three transitional group homes for youth in DHS custody for therapeutic mental health services, which served a total of 41 youth during the fiscal year.

In FY 1997, a total of 60 beds providing residential treatment for adolescents with chemical dependency were funded. The Sunflower Landing program located in the Mississippi Delta was funded to expand to 24 beds.

In FY 1997, the programs served a total of 212 adolescents with substance abuse problems or dual diagnoses of substance abuse and mental illness in a community-based residential treatment program. Sunflower Landing served 51 youth, 44 of whom had alcohol/drug abuse problems only; CART House served 77, 72 of whom had alcohol/drug abuse problems only; and, the ARK served 84, 48 of whom had alcohol/drug abuse problems only.

In FY 1997, providers of three transitional therapeutic group homes for youth in DHS custody received funds for therapeutic mental health services for youth living in these homes. One home, "The Bridge" program for boys in Greenville, had a capacity of 10 beds and served a total of 15 youth with SED in FY 1997. The other home, "The Bridge" program for girls, which had during the year relocated to Vicksburg, MS, had a capacity of 10 beds and served 18 youth with SED in FY 1997. Harden House, in Fulton, MS, had a capacity of eight beds, and served eight youth in FY 1997.

RESPITE SERVICES

In FY 1997, respite services began to be offered in Warren County. This increased the total number of counties in which respite was available from fourteen to fifteen counties. Actual delivery of respite services occurred in 12 of these 15 counties in FY 1997. A total of 100 youth from 78 families were

served by 47 respite providers/individuals. DMH continued to make funding available for respite service development.

**FAMILY
EDUCATION/
SUPPORT
AND
PROTECTION/
ADVOCACY**

In FY 1997, the respite coordinator's salary continued to be funded by a DMH grant to MS Families As Allies for Children's Mental Health, Inc. Also, the DMH provided funding to MS Families As Allies Inc., for an outreach coordinator to link with and provide support to families. The Outreach Coordinator participated in the Local Level Multidisciplinary Assessment and Planning (MAP) Team in Forrest County, and the Respite Coordinator participated in the MAP Team in Clay County. Family members also attended the Annual Case Management Training in Jackson. MS Families As Allies operated two Parent Support/Education groups (Jackson and Hattiesburg), with a total of 40 families participating in FY 1997. The DMH Division of Children and Youth Services staff members participated in the provision of respite training in Jackson on April 5, 1997.

Funding continued in FY 1997 for the Mental Health Association of the Capital Area, Inc., to provide outreach services through face-to-face meetings with families, as well as through telephone outreach and support. Staff from this association were invited to training and information at the Annual Children's Mental Health Institute, October 14-16, 1996, as well as at the one-day case management training session on infrastructure building. Additionally, families were invited, attended, and presented at the Annual Children's Mental Health Institute.

In FY 1997, service providers funded with CMHS block grant funds for children's mental health continued to be required in their proposals for these funds to include statements that they would provide family education programs for the targeted population.

**SERVICES FOR
MINORITY
POPULATIONS**

In FY 1997, eleven workshops on cultural diversity/prejudice reduction were conducted across the state for children/youth staff at CMHCs and some other DMH-funded nonprofit providers. Nine were led by the two designated Division of Children and Youth Services staff members trained by the National Coalition Building Institute (NCBI), and two were held at the Children's Mental Health Institute led by NCBI-trained CMHC staff. Two sessions were included in the 5th Annual Children's Mental Health Institute, October 14-16, 1996. These workshops specifically included three case management workshops; workshops in 4 CMHCs and for two private, non-profit providers in Vicksburg; and, one as part of a respite training session offered during FY 1997. The workshops conducted for children's services staff were included in the overall statewide training effort using the NCBI model, involving 30 total workshops to 973 participants.

In FY 1997, service providers funded with CMHS block grant funds for children and youth services continued to be required in their proposals for these funds to include a statement that they would provide staff development and/or in-services for CMHC children's staff that address cultural diversity and/or sensitivity. In FY 1997, providers receiving CMHS Block Grant funds provided staff development addressing cultural diversity/sensitivity.

**CRISIS
MANAGEMENT**

In FY 1997, the DMH continued to provide funding to two intensive crisis model programs for youth with SED or behavioral disorders who are in crisis and who otherwise would be imminently at risk of out-of-home community placement (Catholic Charities, Inc., and Community Counseling Services). Catholic Charities' model program targeted the Hinds County region. Community Counseling Services' model encompassed a seven-county region that is largely rural. Each of the two programs utilized mobile intensive intervention (home, school, and other community sites where crises occur) with a 1-800 phone number. The Catholic Charities' model developed a five-bed crisis residential component (with up to 14-day stays), respite and linkages to the University Medical Center for consultation through the Department of Psychiatry. In FY 1997, the Catholic Charities crisis residence "Hope Haven" had affiliation agreements with Region 9 CMHC, University Medical Center, Region 8 CMHC, Warren-Yazoo CMHC, Head Start, School Districts, MS Families As Allies for Children's Mental Health and Youth Court. Community Counseling Services provided one crisis residence bed for adolescent males in an existing therapeutic residential program and one for adolescent females in an existing therapeutic residential program for girls.

In FY 1997, the DMH continued funding seven crisis intervention services, including the pilot model of comprehensive crisis intervention and management services initiated in the central Hinds County area of the state in FY 1996. This model, operated by Catholic Charities, includes Family Crisis Intervention Services, mobile response capabilities, and a crisis residence.

The Gulf Coast Women's Center, to which the DMH also awards a crisis intervention grant, is a domestic violence center for women and children. The Community Counseling Services' crisis intervention services model continued to provide in-home crisis intervention across the seven-county CMHC region, with the added capabilities of providing two crisis beds in existing residential programs (one each for boys and for girls). The remaining four intensive crisis intervention programs (Region III Mental Health Center, Region 8 Mental Health Services, Singing River Mental Health and Southwest Mental Health) continued providing interventions for crises with children and youth in the same manner as in FY 1996.

In FY 1997, a total of 562 children with SED were provided services through six of the crisis intervention projects. An additional 51 youth with SED were served through the Family Crisis Intervention Program operated by Catholic Charities (since 1984). This program was combined with Hope Haven after July 1, 1997.

**SERVICES
FOR
HOMELESS/
RUNAWAY
YOUTH**

In FY 1997, DMH continued to fund 50% of the salary of a full-time SAFE Place Coordinator who provides orientation training to personnel at SAFE Place sites. This program provides temporary haven for children/youth seeking or demonstrating a need for safe shelter or other services. In FY 1997, there were 33 SAFE Place sites in the Jackson area for runaway and homeless youth. Our House emergency shelter, part of the SAFE Place program, reported having contact with 233 youth in FY 1997. Of these youth, 221 were served through Our House, and 12 were referred to Hope Haven crisis residential program.

Additionally, the DMH made funding available in FY 1997 to the Gulf Coast Women's Center, in Biloxi, MS, which provides assistance to victims of domestic violence. Children admitted to the center with their parent qualify as homeless, and assistance is given by providing them temporary and transitional housing, as well as supportive services, such as mental health counseling and parental support.

Four of the CMHCs also reported providing specialized assistance for homeless/runaway youth, primarily through linkage with area shelters and/or housing assistance programs.

In FY 1997, two site and/or certification visits to each of the two DMH-funded programs serving runaway/homeless youth, including those with behavioral, conduct or emotional disorders, were conducted; these visits included SAFE Place, therapeutic foster care, and the therapeutic group home crisis residence operated by Catholic Charities of Jackson, MS. Staff of these programs serving runaway/homeless youth were invited to training provided by DMH Division of Children/Youth Services and participated in the Children's Mental Health Institute, the State At Risk Youth Conference, and in the cultural diversity activities throughout the year. Additionally, notification of DMH case management training, cultural diversity training, and the Children's Mental Health Institute was made to key leadership DHS personnel at the State Level for their notification of Emergency Shelters operated with their funding.

INPATIENT SERVICES

The Adolescent Treatment Unit at East Mississippi State Hospital, a 50-bed facility, provides inpatient psychiatric and substance abuse treatment services to youth, ages 12 through 17.

Oak Circle Center, a 60-bed evaluation and short-term unit, provides inpatient psychiatric services to children and adolescents, ages 4 through 17 years.

Refer to the section on Inpatient Mental Health and Alcohol/Drug Abuse Services of this annual report for more information on current and planned inpatient services for children and adolescents.

TRAINING

In FY 1997, training, educational and technical assistance continued to be offered to providers of mental health services for children. The DMH continued to maintain a training calendar and evaluations of training sessions provided by the Division of Children and Youth Services. Training provided, facilitated and/or attended by DMH Division of Children and Youth Services staff in FY 1997 included: Children's Mental Health Institute (October 1996), Therapeutic Group Home Workshop, (November 1996), four National Coalition Building Institute (NCBI) Prejudice Reduction Training Sessions (February, June, August (2) 1997), three Interagency Collaboration and Case Management Training Sessions (April (2) and May 1997), Respite Training (April 1997), CAFAS (Child and Adolescent Functional Assessment Scale) Training (June 1997), Children/Youth Services Training (August 1997), School-Based Services Training (August 1997), Day Treatment Training (August 1997), School-Based Services and Partnership Training (August 1997).

In FY 1997, the DMH Division of Children and Youth Services provided technical assistance to two residential treatment centers, Millcreek (Magee) and CARES (Jackson) on utilization of services and appropriate transition relative to cases addressed by the State Level Case Review Team. Technical assistance was offered to one additional residential treatment center that opened in FY 1996 in Winston County (Diamond Grove). The two state-operated psychiatric hospital units for children/youth maintained an ongoing technical assistance linkage with DMH staff in the Bureau of Mental Health relative to transitioning and continuity of services.

Local-level mental health provider staff also received additional training through a variety of workshops, conferences and in-services or through staff development programs provided through the CMHCs or other resources. Examples of training topics reported by various CMHCs/programs in which staff received additional training in FY 1997 included: dual diagnosis, cultural diversity, interagency collaboration, family education, gang awareness, quality

assurance, DSM IV, confidentiality, serious emotional disturbance, behavior management/modification, treatment planning and charting of progress, reality therapy, HIV and substance abuse in children/youth, case management, child sexual offenders, CPR, ethics, driver safety, pre-evaluation screening, child abuse reporting, ADHD, day treatment, functional living skills, job skills for alternative school students, problem solving, anger and impulse control/stress management, self-esteem, adolescent suicide, residential treatment, mental health and managed care, Department of Mental Health Standards/treatment planning, strengths-based approach, medications, Betawave feedback, depression/grief, sexual abuse therapy, the adolescent offender program, sign language, state bus driver certification, First Aid, managing aggressive behavior, alcohol addiction, attachment and separation issues, sexual abuse of children, child perpetrators, early intervention (BRIDGES) conference, reaching at-risk youth/families, and working with drug-affected children. Ten CMHCs and ten other nonprofit programs reported that staff received training in FY 1997 in crisis management, either through in-house staff development or outside training resources.

In FY 1997, training provided at the local level by CMHCs and other nonprofit children's mental health programs to other child/family service agencies was reported by nine CMHCs and 12 other nonprofit programs. Examples of topics of training events included: crisis management, cultural diversity, ADHD training, stress management and coping skills, crisis intervention/gang violence, parenting/staff development (Head Start), peer counseling, children with serious emotional disturbance, supportive employment, alcohol/drug prevention/education, foster children in transition, respite training, family support, parent/professional collaboration, community resources, effects of domestic violence on children, CASA training (A&D), early intervention, mental health (including available) services, conflict resolution, children's case management, sexual abuse, nonviolent intervention, and raising emotionally healthy kids.

Academic linkages at the local level continued in FY 1997, with the 14 CMHCs and 9 other nonprofit programs reporting various training linkages with universities and/or state community colleges pertaining to children's mental health services. Areas of training/disciplines represented included: social work, community counseling, psychology, educational psychology, nursing, counseling, clinical psychology, counselor education, school psychology, criminal justice, marriage and family therapy, social rehabilitation services, special education, psychiatry, human services, and family therapy.

EDUCATIONAL SERVICES

In FY 1997, within the educational system, children with serious emotional disturbance who meet eligibility criteria as per state and federal special

education guidelines have access to educational services provided through local public school districts in the state. The state psychiatric hospitals operated accredited special school programs as part of their inpatient adolescent treatment units and sought collaboration with local school districts, from referral through discharge planning. Three providers that operated therapeutic group homes also provide State Department of Education accredited special schools on campus. One A&D residential group facility (The ARK) had a State Department of Education-approved special school within the treatment facility. A teacher unit was provided at Sunflower Landing, a second A&D residential program for adolescents. Educational services at the A&D residential program for adolescents operated by Community Counseling Services in Region 7 were provided through linkages with the Starkville Separate School District. Head Start programs also served some preschoolers with disabilities, including children with emotional problems.

Participation by staff from the MS State Department of Education on the MS State Mental Health Planning Council, the Children's Advisory Council (overseeing the Mississippi Connections Project) and the State-Level Interagency Case Review Team also continued in FY 1997.

Specific examples of educational services/assistance accessed in FY 1997 at the local level for children with serious emotional disturbance and/or their families by community mental health children's service providers in FY 1997 included: GED programs, basic/regular education programs, tutoring (including after school), in-school collaborative teams, scholarships, special education, alternative schools programs, computer classes, education about HIV/AIDS, advocacy training, education about due process, speech and hearing testing/therapy, technical training, preschool services, continued education (community college and university course work).

These services were reported as provided through a variety of community educational agencies, such as local public schools (including alternative school programs), a state university, community colleges, State Department of Health, Parent Partners, MS Protection and Advocacy System, Inc., vocational-technical training programs, a local Literacy Council, and a Student Assistance Program, and university-based speech and hearing center programs.

**MEDICAL/
DENTAL
SERVICES**

Medical/Dental Services are accessed through case management for children with serious emotional disturbance. Medical/dental services and assistance are provided through a variety of community resources, which vary across different communities and regions. Examples of some resources accessed in FY 1997 by a variety of providers included: community health centers/clinics,

county health department offices, university programs/services, regional and county hospitals, and private practitioners (including general practitioners, practitioners and specialists). Some medical services were also provided by staff at community mental health centers. Some resources for assistance with medical/dental fees were reported to be local church-sponsored programs, the Salvation Army and the Medicaid program. Examples of the types of medical/dental services reported as accessed included: general medical care (including assessments, consultation/treatment), preventive medicine, health screening, emergency treatment, acute inpatient services, home health services, immunizations, family planning services, WIC program services, OB/GYN services, immunizations, TB testing, HIV testing, eye examinations, pediatric services, nursing services, psychiatric services and medication evaluation and monitoring and general dentistry services (examinations, fillings, etc.), as well as some preventive dental services and oral surgery services. All children on Medicaid are eligible for Early Periodic Screening Diagnosis and Treatment (EPSDT) services, which include offering medical and dental services from Medicaid providers of those services if needed, as part of the treatment component of the EPSDT process.

REHABILITATION SERVICES

Rehabilitation Services are available to youth (age 18 or in the second semester of their junior year in school) through the Office of Vocational Rehabilitation in the Department of Rehabilitation Services, as per federal eligibility criteria and guidelines, as noted in the State Plan. General vocational rehabilitation services include a range of services from diagnosis and evaluation to vocational training and job placement. Additionally, a youth eligible for general vocational rehabilitation services might receive assistance with medical and/or health needs, special equipment, counseling or other assistance that would enhance employability. Other specialized vocational rehabilitation services can also be accessed. The distinguishing difference between eligibility for these specialized services and general vocational rehabilitation services is the youth's vocational potential. Supported employment is a specialized vocational rehabilitation service available to youth in the state. The focus group for this service is youth who demonstrate more severe disabilities. Additionally, they are youth who demonstrate that they need ongoing job support to retain employment. Department of Mental Health staff continued to serve on the Advisory Council of the Department of Rehabilitation Services' Project UNITE (Using Networking Initiatives To Employ) in FY 1997. This systems change grant administered by DRS was designed to explore better ways to provide supported and transitional employment. Project UNITE was scheduled to officially close out on September 30, 1997, as it reached the conclusion of its three-year grant award.

The Project UNITE Advisory Council met on January 8, 1997, and April 9, 1997, to review the projected outcomes of the programs developed through this grant. As a finale to FY 1997, Project UNITE sponsored a statewide conference on September 24-26, 1997. The conference was entitled "Cruise into the 21st Century with a Career Path: Supported Employment." The primary objectives of this conference were to disseminate information, to encourage family and consumer involvement, to provide training for educators and supported employment personnel performing direct services and to explore new and creative ways of providing these services.

Specific examples reported of vocational/employment services accessed for youth by local community mental health service providers in FY 1997 included: job training, job placement, basic education, Job Corps, summer jobs, GED programs, volunteer work, independent living skills program, job search assistance, challenge program (special program), supported employment, day care assistance, general vocational rehabilitation services and college course work. These services/programs were provided through a variety of community resources, some of which may vary across communities, including: local schools, Job Corps, MS Employment Security Commission, local community mental health centers, MIDD-West, Skills Unlimited, South MS Planning and Development District, MS Department of Rehabilitation Services, Allied Enterprises, and Camp Shelby (Challenge Program).

**OTHER
SUPPORT
SERVICES**

The CMHCs and other nonprofit children's mental health service providers also continued to work with Youth Court counselors and judges, truancy officers, local law enforcement, the Department of Human Services or other juvenile justice agencies/entities at the local level in FY 1997. The MS Department of Human Services continued to provide funding for Adolescent Offender Programs, specialized day treatment programs for adolescent offenders, some of which were operated by community mental health centers. Some specific examples of other interagency service arrangements different local providers had with juvenile justice entities in FY 1997 included: referral for mental health services, including evaluation, treatment, and case management; legal consultation; detention; alcohol/drug treatment services; provision of a sexual abuse trauma program; shelter worker training; and, assessments and mental health services for a juvenile detention center.

Also, in FY 1997, transportation continued to be provided by some of the community mental health providers for children with serious emotional disturbance. In FY 1997, 12 CMHCs and 13 other nonprofit programs reported utilizing center-operated vans/other vehicles for children with SED; six CMHCs also reported utilizing transportation provided through affiliation agreements with other agencies; four CMHCs and four other nonprofit

providers reported utilizing local public transportation (bus, cabs, etc.); and, one nonprofit provider reported providing transportation stipends for its family education program.

INTERAGENCY NETWORKING

As in FY 1996, interagency collaboration among local community mental health centers/other nonprofit mental health service providers was encouraged in FY 1997 and facilitated through interagency councils in some areas of the state. In some regions, CMHCs and local school districts had collaborative arrangements to provide day treatment and other outpatient mental health services. DMH Children's Case Management Minimum Standards also continued to require that children's mental health case management providers seek input from school personnel in Individual Family Service Plans (IFSP) on all children with serious emotional disturbance receiving case management services. (Seeking input from the Department of Human Services is also required for children in DHS custody receiving mental health case management.) Additionally, educational personnel were invited to the three regional case management (local infrastructure building) sessions held in FY 1997.

In FY 1997, the Children's Advisory Council continued to serve as the oversight committee for the MS Connections Project. The CAC met in October 1996 and in February, March, April, June, and July 1997. The DMH designated representative continued to participate on the CAC, and minutes were maintained, with the DMH providing clerical support to the CAC throughout FY 1997 for all meetings. Additionally, the Robert Wood Johnson Foundation grant provided technical assistance to the two pilot sites on November 21-22, 1996; December 12-13, 1996; and January 30, 1997. On April 12, 1997, the consultants presented highlights on MS Connections progress. Meetings on July 16-17, 1997, served as a progress report and implementation planning for the second year. The Robert Wood Johnson consultants provided technical assistance to the MS Connections project on July 30, 1997, focusing on individualized assessment and planning.

In FY 1997, the MS Connections Project continued to operate in Forrest and Clay Counties. The case manager/therapist at each site continued to facilitate access to services, with the MAP Team providing the nucleus for service decision-making across local service providers and inclusion of families. Access to services at the community level in rural areas, such as the Clay County project site, present challenges. The MS Connections pilot addressed accessibility for children/youth targeted by that special project by implementing a "wraparound" packages of services, including respite, intensive case management and transportation.

In FY 1997, the DMH Division of Children and Youth Services participated on the following interagency groups: State Level Case Review Team, Governor's Juvenile Justice Task Force, Children's Advisory Council, Children's PATHS in Mississippi (Partners in Action for a Total Health System) Task Force, Continuity of Care Committee, Local Level MAP Teams in Forrest and Clay Counties, Hinds County Visions Task Force, Infant and Toddlers Interagency Coordinating Council, Head Start/Mental Health Partnership Committee, Task Force for the Prevention of Sexual Aggression, BRIDGES Early Intervention Conference Planning Meeting, Institutional Review Board, Jackson State University, Children's Task Force, and the Planning Committee for Lookin' to the Future Conference.

Statewide case management training focused on infrastructure building and was available to case managers and other children's services staff from all 15 community mental health centers. Special education personnel and representatives of MS Families As Allies also attended the case management training sessions. These case management training sessions were made available at three locations across the state (April 4, 1997, Jackson; April 18, 1997, Hattiesburg; and May 2, 1997, Clarksdale). Additional small group case management training sessions were conducted at the Region 4 CMHC (Corinth) on August 29, 1997, and at Region 14 (Pascagoula) on September 16, 1997.

In FY 1997, service providers funded with CMHS block grant funds for children and youth services continued to be required to include in their proposals for these funds statements that they would provide interagency case review teams. To facilitate development of local teams in FY 1997, local infrastructure building was included in three, one-day orientation/training sessions for local level case managers and representatives of school districts that were held regionally (Jackson, April 4, 1997; Hattiesburg, April 18, 1997; and Clarksdale, May 2, 1997). Documentation was placed in the DMH Children and Youth Services' files for each CMHC grantee regarding each contractor's commitment to operate the required local level case review teams.

In FY 1997, the DMH Division of Children/Youth Services continued to make available information and training opportunities to other providers of children's services, including the State Department of Education, the MS Department of Health, the Department of Human Services, and the Division of Medicaid.

In FY 1997, one staff member from the Division of Children and Youth Services attended the annual conference sponsored by the State Department of Education (SDE) on special education and transition services. Staff from the SDE Division of Special Education continued to be invited and have attended appropriate training activities sponsored by DMH. Special education

personnel also attended the Annual Children's Mental Health Institute, the State-level Case Review Team meetings, and three case management and interagency case review team training meetings.

The state-level interagency team includes representatives of key child service agencies or programs and of families of children with serious emotional disturbance. The team meets regularly, once a month, and on an "as needed" basis to review cases and/or discuss other issues relevant to children's mental health services. The team targets those most "difficult-to-serve" youth who need the specialized or support services of two or more agencies in-state and who are at imminent risk for out-of-home (in-state) or out-of-state placement. Cases reviewed by the state-level team must be referred from the local level. In FY 1997, an interagency agreement was again signed. The team continued to meet monthly and reviewed 44 cases. A DMH-funded position for a State Level Intensive Crisis Intervention Specialist was added to this team beginning in June 1997. This individual facilitated follow-up with agencies committed to provide support and/or services for children/youth reviewed by this team. These children/youth are those for whom all services and support efforts appear to be inadequate or not accessible.

In FY 1997, the revised DMH Minimum Standards for Community Mental Health/Mental Retardation Community Services, implemented January 1, 1997, included a requirement that each certified provider of mental health case management services for children establish and operate, at a minimum, one local-level case review team for this targeted population. DMH Division of Children and Youth Services staff monitored implementation of this standard on regular on-site certification visits.

PURSUIT OF GRANTS

In FY 1997, the DMH Division of Children and Youth Services supported and participated in the development of a proposed application to the Substance Abuse and Mental Health Services Administration (SAMHSA) for a planning grant submitted by Bazelon Center for Mental Health Law and MS Families As Allies for Children's Mental Health. The one-year grant was awarded and began October 1, 1997. It is entitled "Individualized Wraparound Services in Mississippi." The Division also supported Vanderbilt University in applying for a grant to include children/youth with chemical dependency as part of a three-year study of SED children submitted by the university in FY 1996. The study was designed to compare Mississippi's population of children and families served through the Medicaid program (with a fee-for-service system) with a comparable population in Tennessee, who are served under a managed care system. Notification of funding was received by Vanderbilt University in September 1997.

ALCOHOL AND DRUG ABUSE PREVENTION AND TREATMENT SERVICES

Alcohol and Drug Treatment Public Service System

The Mississippi Department of Mental Health administers the public system of alcohol and drug prevention and treatment services in Mississippi through the Division of Alcohol and Drug Abuse Services located in the Bureau of Mental Health.

The **Division of Alcohol and Drug Abuse Services** is responsible for establishing, maintaining, monitoring and evaluating a statewide system of alcohol and drug abuse services, including prevention, treatment and rehabilitation. The division has designed a system of services for alcohol and drug abuse prevention and treatment reflecting its philosophy that alcohol and drug abuse is a treatable and preventable illness. The goal of this system is to provide a continuum of community-based, accessible services. The services include prevention, outpatient, detoxification, residential, inpatient, transitional, and aftercare services. The division provides technical assistance on the development and implementation of employee assistance programs to state agencies and other interested organizations. Outpatient and prevention services are supported by federal funds, specifically, the Substance Abuse Prevention and Treatment (SAPT) Block Grant. Federal SAPT Block Grant funds are used to provide primary residential treatment programs, transitional treatment programs, portions of outreach/aftercare, and other outpatient treatment services. The state three percent Alcohol Tax funds detoxification services and partially funds outreach/aftercare and residential treatment programs including a residential program at Mississippi State Penitentiary. In order to carry out its administrative duties effectively, the division believes it must adhere to a commitment to quality care, cost-effective services, and the health and welfare of individuals through the reduction of alcohol and drug abuse. All services are provided through a grant/contract with other state agencies, local public agencies, and nonprofit organizations.

Department of Mental Health Programs

State-operated **inpatient programs** are located at Mississippi State Hospital in Jackson and East Mississippi State Hospital in Meridian. The Chemical Dependency Unit at East Mississippi State Hospital is a 25-bed inpatient unit for men who have alcohol/drug abuse problems and who reside in the hospital's catchment area. Currently, EMSH's alcohol and drug treatment program also provides hospital-based alcohol and drug treatment for alcohol/drug dependent adolescents in which medical staff are active members of the treatment team. Typically, inpatient alcohol and drug treatment services for adolescents are for those who need more intensive services and are usually characterized by shorter lengths of stay than in community residential center services.

The 83-bed Chemical Dependency Unit at Mississippi State Hospital offers a treatment program for men and women, which includes detoxification, medical care, group and individual therapy, family conferences, an introduction to Alcoholics Anonymous, educational and recreational activities, and vocational rehabilitation. The multidisciplinary treatment team is composed of a psychiatrist, social workers, psychologists, nurses, recreation specialists, and direct care staff.

Regional Community Mental Health/Mental Retardation Centers

The **community mental health/mental retardation centers** (CMHCs) are the foundation of the alcohol and drug abuse services delivery system. The goal has been for each CMHC to have a full range of treatment options available for the citizens in its region. The CMHCs provide a variety of outpatient and residential alcohol and drug abuse treatment and prevention services at the local level.

Most centers provide the following services: detoxification, individual counseling, group counseling, family counseling, family intervention, crisis intervention, emergency care, aftercare, employee assistance programs (EAP), partial hospitalization, primary and transitional residential treatment, vocational counseling, referral to consultation and education, prevention, outreach, speakers available to the community, and a 24-hour hotline. Many centers now also provide a 10-15-week intensive alcohol and drug outpatient program for individuals who are in need of treatment but are still able to maintain job or school responsibilities. In addition, some centers offer specialized services for children and adolescents, elderly persons, pregnant women, and women with children.

Nonprofit Providers

Although the 15 community mental health centers provide outpatient alcohol/drug services within the public service delivery system, a smaller number of nonprofit agencies also receive funding through the Department of Mental Health. These agencies often provide services for special populations and may receive funding from other state agencies, community service agencies, or donations.

Components of the Alcohol/Drug Abuse Prevention and Treatment System

PREVENTION ACTIVITIES

Effective prevention services decrease the need for treatment and provide for a better quality of life. Prevention is a proactive process which involves interacting with people, communities, and systems to promote the programs aimed at substantially reducing the occurrence of alcohol and drug dependency and abuse and the prevention and reduction in tobacco use.

Alcohol and drug abuse prevention strategies/activities funded through the division are: information dissemination; education programs; alternative activities excluding alcohol, tobacco, and other drug use; problem identification and referral programs; community-based planning, training and team-building; and activities which establish, change or influence environmental standards, codes and attitudes that affect the incidence and prevalence of alcohol, tobacco and other drug use.

OUTPATIENT ACTIVITIES

Each program providing alcohol and drug abuse outpatient services must provide multiple treatment modalities, techniques and strategies which include individual, group, and family counseling. Program staff must include professionals representing multiple disciplines who have clinical training and experience specifically pertaining to providing alcohol and drug abuse prevention and treatment services.

The 10-15-week **Intensive Outpatient Program (IOP)** is a community-based outpatient program which provides an alternative to traditional residential or hospital settings. The program is directed to persons who have less severe alcohol and drug abuse problems and who do not require residential treatment or detoxification. The IOP allows the client to continue to fulfill his/her obligations to family, job, and community while obtaining treatment.

PRIMARY RESIDENTIAL TREATMENT

The Primary Residential Treatment Program is an intensive residential program for persons who are addicted to alcohol/drugs. Primary residential treatment provides the client a comprehensive program of services which is easily accessible and responsive to the needs of the individual. Because alcohol and drug dependency is a multidimensional problem, various treatment modalities are available. These modalities include: group and individual therapy; family therapy; education services, which explain alcohol/drug abuse and dependency, personal growth, and the recovery process; vocational counseling and rehabilitation services; employment activities; and recreational and social activities. This program facilitates continuity of care throughout the rehabilitation process.

**PRIMARY
RESIDENTIAL
TREATMENT
SERVICES FOR
ADOLESCENTS**

Residential treatment centers for adolescents with substance abuse problems provide treatment services to adolescents requiring intense intervention. These programs have a schedule of activities which includes individual counseling, psychotherapeutic group counseling, self-help groups, family counseling, education services dealing with substance abuse and addiction, educational programs at the appropriate academic levels, vocational counseling services, and recreational and social activities. (See p. 73 of section on Community-Based Mental Health Services for Children for more information.)

**TRANSITIONAL
RESIDENTIAL
TREATMENT**

The Transitional Residential Treatment Program focuses on the enhancement of social skills needed to lead a productive, fulfilling life in the community. It provides a group living environment, which promotes a life free from chemical dependency, while encouraging the pursuit of vocational, employment or related opportunities. With group support, individuals acquire coping skills which enable them to become productive citizens in their communities.

**OUTREACH/
AFTERCARE
SERVICES**

Outreach services provide information on, encourage utilization of, and provide access to needed treatment or support services in the community to assist persons with alcohol/drug abuse problems or their families. Initiated at the beginning of the treatment process, aftercare services are designed to assist individuals who have completed treatment in maintaining sobriety and vocational, family, and personal adjustment. Aftercare staff assist in making referrals and securing additional needed services from community mental health centers or from other health or human service providers, while maintaining contact and involvement with the client's family.

**INPATIENT
SERVICES**

Inpatient or hospital-based facilities offer inpatient treatment and rehabilitation resources for persons with more severe alcohol and/or drug abuse problems. Inpatient treatment provides intensive services to meet the needs of individuals which cannot be met in a less restrictive, community-based setting.

Inpatient treatment usually includes detoxification, assessment and evaluation, intervention counseling, aftercare, a family program and referral. Training is provided to enhance personal growth, to facilitate the recovery process, and to encourage a philosophy of life which will support recovery.

See the section "Inpatient Mental Health and Alcohol/Drug Abuse Services" on pp. 102-133 of this report for further information.

SPECIALIZED SERVICES

The service system also includes special programs or services designed specifically to target certain populations such as: 1) pregnant/parenting females; 2) DUI offenders; 3) individuals with dual diagnoses, and 4) inmates/ex-offenders with substance abuse problems. These specialized programs may include various components of the service system described above.

VOCATIONAL SERVICES

Each primary residential treatment program provides vocational counseling to individuals while they are in the treatment program. Depending on individual needs, vocational counseling and/or support may continue in the transitional treatment program and/or the outreach/aftercare service component.

GROUP HOME REVOLVING LOAN FUNDS

The Division of Alcohol and Drug Abuse makes available Group Home Loan Program funds to eligible individuals/service providers. These funds are provided through the federal Substance Abuse Prevention and Treatment block grant and are administered through the MS Home Corporation. The purpose of the revolving fund is to make loans to help defray the cost of group housing (groups of not less than six individuals) for those recovering from alcohol and drug abuse. Each loan made from the revolving fund may not exceed \$4,000.00. Services can be provided through contracts with community mental health centers and by other public/private nonprofit organizations.

EMPLOYEE ASSISTANCE PROGRAM

The Department of Mental Health, Division of Alcohol and Drug Abuse provides information and technical assistance to other state agencies and interested organizations in developing and implementing employee assistance programs. An employee assistance program (EAP) is a work site-based program designed to assist in the identification and resolution of productivity problems associated with employees impaired by personal concerns including, but not limited to: family, marital, health, financial, alcohol, drug, legal, emotional, stress, or other personal concerns which may adversely affect employee job performance.

The specific activities of EAP's include: (1) consultation and training to appropriate persons in the identification and resolution of job-performance issues related to the aforementioned employee personal concerns; (2) confidential, appropriate and timely assessment services; (3) referrals for appropriate diagnosis, treatment and assistance; (4) the formation of linkages between workplace and community resources that provide such services; and, (5) follow-up services for employees who use those services.

**REFERRAL AND
MONITORING
AGENCY**

During FY 1996, the Referral and Monitoring Agency (RMA) was located in the Division of Alcohol and Drug Abuse as a result of a contract between the Department of Mental Health and the Social Security Administration. The clients monitored by the RMA had been determined medically disabled, and alcohol/drug abuse or addiction had been determined to be a material factor in their disabilities. When these individuals became eligible for benefits, they agreed to seek treatment for their substance abuse problems. Treatment had to be provided in facilities certified by the Department of Mental Health or the Joint Commission on Accreditation of Healthcare Organizations. The primary purposes of the RMA were: 1) to assist eligible individuals (as described above) with finding and entering appropriate available substance abuse treatment; 2) to monitor their progress throughout the entire treatment process and 3) to report to the Social Security Administration their compliance or noncompliance with the treatment recommendations.

However, as of December 31, 1996, P.L. 104-121 declared that alcohol and drug dependency could no longer be considered a disability. Subsequently, the Social Security Administration discontinued disability payments to SSI/SSDI recipients whose primary diagnosis was alcohol and/or drug abuse. In conjunction with this law (P.L. 104-121), the Social Security Administration discontinued the funding of referral and monitoring services to these individuals, anticipating that the recipients would appeal the dismissal and file for another disability. The appeals were not as forthcoming as anticipated, leaving a large number of individuals needing treatment without resources to acquire it.

In response to these events, the United States Congress decided to give states additional funds to provide priority treatment to former SSI/SSDI recipients who lost their disability payments and their Medicaid eligibility and to current recipients who were subsequently found eligible because of another disability and who have a co-occurring substance abuse disability. The DMH Division of Alcohol and Drug Abuse is maintaining a pool of funds, aside from regular contract allocations, to pay for priority services to SSI/SSDI recipients who have lost their benefits. Though funds are not available to provide referral and monitoring services, treatment remains accessible.

Progress and Service Highlights in FY 1997
Alcohol and Drug Abuse Services

The FY 1997 State Plan for Alcohol and Drug Abuse Services reflects the Department of Mental Health's Division of Alcohol and Drug Abuse's long-range goals and annual objectives to maintain and enhance existing prevention and treatment services. This section of the annual report summarizes progress on objectives in that state plan.

**NEEDS
ASSESSMENT**

The DMH Division of Alcohol/Drug Abuse Services applied for and received in 1995 a three-year federal (CSAT) grant to conduct a formal statewide assessment of substance abuse prevalence and treatment needs.

The following is a list of the studies (initiated in FY 1996) and corresponding progress reports for FY 1997:

1. Adult Population Household Study (Survey conducted by the Gallup Organization through a contract administered by the Department of Mental Health)

Purpose: To provide an estimate of the prevalence of alcohol and drug use and DSM III-R defined dependence among community-dwelling adults in Mississippi.

Progress: During FY 1997, data collection for the full study continued in the seven regions being surveyed.

2. Study of MS Public School Students (Study conducted by MS State University, through a contract administered by the DMH)

Purpose: To assess the prevalence of substance use/dependence and need for treatment among public school students in grades 6-12.

Progress: Data collection was completed in FY 1997.

3. Study of Women of Childbearing Age (Study conducted by the Gallup Organization through a contract with DMH)

Purpose: To estimate prevalence, dependence, and need for treatment among a sample of women requesting pregnancy testing, the results of which will allow for design of women's health programs that are more effective in reducing the perinatal consequences of substance abuse.

Progress: Data collection was completed in FY 1997.

4. Substance Abuse and Need for Treatment among Arrestees (SANTA) (Survey conducted by Johnson, Bassin & Shaw through a contract administered by the DMH)

Purpose: To obtain substance use and abuse information about new arrestees. The methodology used creates an opportunity for Mississippi to obtain data on low prevalence drugs such as cocaine, heroine and methamphetamine within a population specifically excluded from the household survey.

Progress: Data collection was completed in FY 1997, and development of the final study report was begun.

5. Study of School Drop-outs and Unschooled Youth (Study that was to be conducted by Mississippi State University's Bureau of Educational Research and Evaluation through a contract administered by the DMH)

Purpose: This study was discontinued, as outlined in the progress statement below:

Progress: Because the Study of School Drop-outs and Unschooled Youth was found to be exceedingly difficult and expensive and because there is a movement at the national level to develop an Adolescent Telephone Survey similar to the Adult Household Survey, the Center for Substance Abuse Treatment (CSAT) advised the DMH to postpone this study until a subsequent Needs Assessment Study could be conducted. Therefore, this study was replaced by the Social Indicator Study and the Integrated Analysis of the Demand for Substance Abuse Treatment in Mississippi Study (description of which follows):

6. Social Indicator Study and the Integrated Analysis of the Demand for Substance Abuse Treatment in Mississippi Study (Studies to be conducted by the Mississippi State University Social Science Research Center through a contract administered by the DMH)

Purpose: To provide, as summary studies, estimates of the level of prevalence for substance abuse behavior in the major service delivery areas of the DMH, thereby influencing planning and programmatic development of the DMH's Division of Alcohol and Drug Abuse service delivery system.

Progress: During FY 1997, the protocol for these summary studies was in the process of being developed.

**COLLABORATION
WITH OTHER
SERVICE
SYSTEMS**

The Prevention Coordinator in the Division of Alcohol and Drug Abuse attended meetings of the Mississippi Executive Prevention Council (MEPC) on a regular basis. The MEPC, coordinated by DREAM, is an interagency committee that facilitates communication among local and state agencies/entities involved in substance abuse prevention services and support.

**OUTREACH/
AFTERCARE
SERVICES**

The Alcohol and Drug Treatment and Prevention Resources directory was published and distributed to all DMH-certified substance abuse programs (and other related programs/organizations) in FY 1997. The directory is used for referral and reference to substance abuse prevention and treatment services across the state.

Also, the DMH Division of Alcohol and Drug Abuse continued to make funding available to support substance abuse outreach/aftercare services in all 15 CMHC regions.

**REFERRAL
AND
MONITORING
AGENCY**

In FY 1996, through a contract with the Social Security Administration, the DMH Division of Alcohol and Drug Abuse continued to operate the Referral and Monitoring Agency (RMA), a special program designed to assist individuals (determined to meet medical disability criteria for SSI and/or SSDI because of alcohol/drug addiction) in finding and entering appropriate available substance abuse treatment; to monitor clients' progress throughout the treatment process, and to report to the Social Security Administration clients' compliance or noncompliance with treatment recommendations. These treatment, referral, monitoring and reporting services were provided by regional RMAs in the 15 CMHC regions through contracts with the DMH Division of Alcohol and Drug Abuse. Division staff worked closely with providers statewide, providing technical assistance when needed and monitoring the regional RMAs to assure compliance with SSA requirements (including reporting).

See p. 90 for changes made to this program in December 1996 and subsequent FY 1997 progress.

**PREVENTION
SERVICES**

In FY 1997, the Department of Mental Health, Division of Alcohol and Drug Abuse continued to make funding available to support prevention activities in all 15 CMHC regions. Services were provided through community mental health/mental retardation centers and/or by other private/public nonprofit organizations. Providers utilized three or more of the

following six strategies in providing prevention services: (1) information dissemination, (2) education, (3) alternatives, (4) problem identification and referral, (5) community-based process and (6) environmental.

In an effort to improve prevention services in Mississippi, the Department of Mental Health, Division of Alcohol and Drug Abuse developed a draft of a "Five-Year Plan for Prevention Services FY 1997." Following the development of this draft plan, DADA held a substance abuse prevention meeting in May 1997. The following organizations/individuals attended this meeting: 1) at least one representative from each of the DMH-certified substance abuse prevention programs; 2) representatives from the Mississippi Alcohol and Drug Abuse Advisory Council, and 3) representatives from Birch and Davis Associates, Inc., a consultative organization whose technical assistance was provided to the Division of Alcohol and Drug Abuse by the Center for Substance Abuse Prevention (CSAP). Feedback on the draft plan was solicited from these organizations/individuals at the May 1997 meeting.

During FY 1997, the Division of Alcohol and Drug Abuse also requested feedback on the draft plan from Mississippi's CSAP Project Officer. Plans were made in FY 1997 to obtain feedback on the draft plan from the Mississippi Executive Prevention Council and the full Mississippi Alcohol and Drug Abuse Advisory Council. Utilizing the feedback from the above-listed organizations/individuals, the Five-Year Plan for Prevention Services will be finalized (and implementation initiated) in FY 1998.

**EMPLOYEE
ASSISTANCE
PROGRAMS**

The DMH Division of Alcohol and Drug Abuse has continued to provide education/information and technical assistance to state agencies and other organizations in developing, implementing and evaluating employee assistance programs.

The two state psychiatric hospitals and five regional facilities operated by the DMH have operational Employee Assistance Programs. The Division continues to work with and monitors the progress of the EAPs for these facilities.

**TOBACCO
USE
PREVENTION**

The Department of Public Safety (DPS) was the state agency responsible for enforcement of the state statute prohibiting the sale of tobacco products to minors in FY 1997. In FY 1996, the DMH Division of Alcohol and Drug Abuse worked in concert with the DPS to ensure that a state compliance check survey was implemented. The survey initiated in FY 1996 was completed in FY 1997, and a baseline rate of tobacco sales to minors was subsequently established from the data collected through this survey.

Following the establishment of the baseline rate of tobacco sales, the DMH Division of Alcohol and Drug Abuse and the DPS worked together in FY 1997 to initiate a second compliance check survey, as a follow-up to the one begun in FY 1996. Fifteen counties were randomly selected for this follow-up survey, and outlets for the survey were also randomly selected. At the end of FY 1997, the compliance checks for the follow-up survey were underway.

At the end of FY 1997, the Division of Alcohol and Drug Abuse was in the process of finalizing the Request for Proposals (RFPs) for federal fiscal year 1997-1998 (October 1, 1997 - September 30, 1998). These RFPs included the requirement that contractors provide tobacco use prevention information/education activities for the populations targeted by the DMH in the RFPs.

Representatives from the Department of Mental Health and the Alcohol and Drug Abuse Division also participate regularly in meetings of the Mississippi Tobacco-Free 2000 Coalition. The Coalition has been a means of broadening tobacco use prevention efforts.

**OUTPATIENT
SERVICES**

The DMH Division of Alcohol and Drug Abuse continued to make available funding to support general outpatient substance abuse services in all 15 CMHC regions. There were 8,918 clients served in programs funded by the Division during FY 1997.

Funds were also made available to support 13 Intensive Outpatient Programs for FY 1997. There were 1,878 clients served in these programs during this period.

**PRIMARY
RESIDENTIAL
TREATMENT**

Funds were made available to support primary residential treatment programs in all 15 CMHC regions. In FY 1997, primary residential treatment was provided to 10,092 individuals. The table lists the community-based primary residential alcohol/drug treatment programs available in FY 1997.

FY 1997 Community-Based Primary Residential Alcohol/Drug Treatment Programs

Location	Program	Agency	Beds
Brookhaven	Newhaven Recovery Center	Southwest MS Mental Health Complex	45
Clarksdale	Fairland	Region 1 Community Mental Health Center	50
Columbus	Cady Hill & The Pines	Community Counseling Services	30
Corinth	Timber Hills Haven House	Timber Hills Mental Health Services	15
Greenville	Nunan Center	Delta Community Mental Health Services	21
Greenwood	Denton House	Life Help	30
Gulfport	Live Oaks	Gulf Coast Mental Health Center	17
Jackson	Harbor House	Harbor House, Inc.	36
Moselle	Clearview Recovery Center	Pine Belt Mental Healthcare Resources	24
Mendenhall	New Roads	Human Services Center	15
Meridian	Weems Life Care	Weems Community Mental Health Center	18
Oxford	The Haven House	Communicare	15
Tupelo	Harbor House	Region III Mental Health Center	60
Pascagoula	Stevens Center	Singing River Services	18
Vicksburg	Warren-Yazoo CDC	Warren-Yazoo Mental Health Services	20

**PRIMARY
RESIDENTIAL
TREATMENT
SERVICES FOR
ADOLESCENTS**

Three community-based residential programs for adolescents with substance abuse problems continued to be provided by community mental health centers and/or other private or public nonprofit organizations. Adolescents with dual disorders of substance abuse and mental illness were also accepted in these programs. In FY 1997, a total of 212 adolescents with substance abuse problems or dual diagnoses of substance abuse and mental illness received services through the DMH-funded programs listed in the chart below.

It was an objective in the Mississippi Department of Mental Health FY 1997 State Plan for Alcohol and Drug Abuse Services to make funding available for one additional program to provide community-based residential treatment services for adolescents with substance abuse problems. This objective was not met in FY 1997 for the following reasons: 1) systematic changes in the administration of Substance Abuse Prevention and Treatment (SAPT) block grant funds, as mandated by the federal Center for Substance Abuse Treatment (CSAT), reduced the overall availability of funding to accomplish this objective; 2) priority spending for any available funds, subsequent to the above-listed systematic change, was allocated for substance abuse treatment services for pregnant and parenting females and eligible SSI recipients, as also mandated by CSAT. However, in an effort to augment adolescent substance abuse treatment services in the state, one of the three existing community-based residential programs for adolescents was expanded, and a community-based intensive outpatient program for adolescents was added during this time period.

**FY 1997 Community-Based Primary Residential Substance Abuse Programs for
Adolescents**

Program	Location	Beds
Sunflower Landing (Region 1 CMHC)	Clarksdale	14
CART House (Region 7 CMHC)	Starkville	12
Cares Center/The ARK	Jackson	24

**TRANSITIONAL
RESIDENTIAL
TREATMENT**

The DMH Division of Alcohol and Drug Abuse made funds available to support 14 transitional residential treatment programs in FY 1997. Transitional residential treatment was provided to 1,408 individuals. The following table contains the community-based alcohol/drug abuse transitional

programs available in FY 1997 across the state. Programs for pregnant women and women with young children were also funded in FY 1997.

FY 1997 Community-Based Transitional Residential Alcohol/Drug Treatment Programs

Location	Program	Agency	Beds
Brookhaven	Opportunity House	Southwest Mental Health Complex	12
Columbus	Pines 3/4 Way House	Community Counseling Services	8
Columbus	Recovery House	Recovery House, Inc.	17
Corinth	Timber Hills 3/4 Way House	Timber Hills Mental Health Center	15
Greenville	Nunan Center 3/4 Way House	Delta Community Mental Health Services	12
Jackson	Center for Independent Learning	Center for Independent Learning	12
Jackson	New Hope	New Hope Foundation, Inc.	18
Jackson	New Life for Women	New Life for Women	21
Moselle	Clearview Recovery Center	Pine Belt Mental Healthcare Resources	24
Meridian	Weems Life Care	Weems Community Mental Health Center	18
Pascagoula	Stevens Center	Singing River Services	8
Whitfield	MICARE	Mississippi State Hospital	12
Clarksdale	Fairland	Region 1 CMHC	2
Jackson	Genesis House	Genesis House, Inc.	21

SPECIALIZED SERVICES

The DMH Division of Alcohol and Drug Abuse made available funding for primary residential treatment services for women in 12 CMHC regions.

**Services
for
Women**

The DMH Division of Alcohol and Drug Abuse made available funding to support three specialized primary treatment programs and two transitional residential treatment programs for pregnant women.

The DMH Division of Alcohol and Drug Abuse made available funding for an additional transitional residential treatment program for pregnant women in FY 1997 to expand available treatment services for this population.

**Dual
Diagnosis**

The DMH Division of Alcohol and Drug Abuse made available funding to support one residential transitional facility for individuals with dual disorders (substance abuse and mental illness). The Division has contracted with Mississippi State Hospital (MSH), Division of Community Services to provide these services. In FY 1997, the dual diagnosis residential facility provided a total of twelve beds for consumers, doubling its capacity from FY 1996.

In FY 1997, the DMH allocated funds to CMHCs in all regions to provide specialized services for individuals with dual diagnoses. Funds were used for training and direct services. In FY 1997, the 15 CMHCs and the community services divisions of the two state psychiatric hospitals reported serving 5,290 adults with a dual diagnosis of serious mental illness and substance abuse.

The Dual Diagnosis Task Force met six times in FY 1997 (January 15, 1997; February 26, 1997; March 19, 1997; May 21, 1997; July 16, 1997 and August 29, 1997). The Task Force provided training by Kathleen Sciacca in April 1997, and future plans were developed for additional training later in the year. Additionally, the Task Force identified eight core services that each CMHC will provide to individuals with dual diagnoses of mental illness and substance abuse. These core services include: (1) day treatment; (2) engagement/outreach activities; (3) intensive case management; (4) nursing care; (5) specialized group therapy; (6) training/educational activities; (7) psychiatric care; and (8) transportation. They will begin providing these services in FY 1998. At the January 24, 1997, meeting of the Mississippi State Mental Health Planning Council, a DMH staff member updated the Council on the activities of the Dual Diagnosis Task Force.

(See pp. 53-54 of the section on Community-Based Services for Adults for more information.)

**DUI
PROGRAM**

In FY 1997, DMH-certified DUI substance abuse assessment services continued to be available in all 15 CMHC regions. Community-based substance abuse treatment services are also available to individuals referred through the DUI assessment network.

**Services for
Prisoners**

In FY 1997, there were 1,957 inmates served in the residential alcohol and drug program at the Mississippi State Penitentiary in Parchman, MS. The DMH Division of Alcohol and Drug Abuse received admissions forms on all inmates admitted to the treatment program.

Through a contract with a private nonprofit provider, the DMH Division of Alcohol and Drug Abuse funded approximately 48,313 units of day treatment services for women at the Rankin County Correctional Facility. Funding was also made available to support a specialized transitional substance abuse treatment program for women transitioning from correctional facilities.

**VOCATIONAL
SERVICES**

The DMH Division of Alcohol and Drug Abuse entered into a contract with the Department of Rehabilitation Services (Office of Vocational Rehabilitation) to provide VR services to substance abusers in local transitional programs. The Office of Vocational Rehabilitation served 961 substance abuse clients during this period.

**GROUP
HOME
REVOLVING
LOAN
PROGRAM**

The DMH Division of Alcohol and Drug Abuse contracted with the Mississippi Home Corporation to administer a revolving loan fund, which provides loan assistance to help defray the cost of group housing for substance abusers; however, no loans were initiated during this fiscal period.

**INPATIENT
SERVICES**

In FY 1997, a total of 108 active (staffed) beds for inpatient chemical dependency treatment for adults were maintained at Mississippi State Hospital and East Mississippi State Hospital. East MS State Hospital also maintained ten active (staffed) beds for inpatient substance treatment for adolescents during the fiscal year. See pp. 102-103 for detailed information on these services.

**HUMAN
RESOURCE
DEVELOPMENT**

The DMH Division of Alcohol and Drug Abuse offered 25 stipends for individuals to attend the annual Southeastern School of Alcohol and Other Drug Studies, held annually in Athens, Georgia. Four of these stipends were made available for individuals to attend the Leadership Institute component of this school. Forty stipends were made available for individuals to attend the Mississippi Summer School of Alcohol and Drug Studies.

In May 1997, the Division of Alcohol and Drug Abuse held a substance abuse prevention meeting for the DMH-certified substance abuse prevention providers. At this meeting, training was provided on the six primary prevention strategies and on accessing substance abuse prevention materials. At this same meeting, the DMH-certified substance abuse prevention providers were given the opportunity to provide feedback on the Five-Year

Plan for Prevention Services Draft and were introduced to the Substance Abuse Prevention Services Report Form Draft. Following the May meeting, a survey was sent to all DMH-certified substance abuse prevention providers to obtain evaluation and feedback on the Substance Abuse Prevention Services Report Form Draft.

In April 1997, the 1997 - 1998 Alcohol and Drug Treatment and Prevention Resources directory was published and distributed. Immediately following the distribution of this directory, an evaluation/survey form was sent to each substance abuse prevention and treatment program listed in the directory to solicit feedback in the development of future directories.

In FY 1997, technical assistance was given to the DMH-certified substance abuse prevention and treatment programs, as requested, on regularly scheduled site/certification visits. During these visits, Division of Alcohol and Drug Abuse staff typically queried program staff on their training and technical assistance needs.

**SUPPORT
SERVICES**

Compliance with DMH Minimum Standards pertaining to tuberculosis testing and HIV/AIDS-related training continued to be monitored by the DMH Division of Alcohol and Drug Abuse staff on annual site visits.

Inpatient Mental Health And Alcohol/Drug Abuse Services

Comprehensive Regional State Psychiatric Facilities

Public Inpatient Services for individuals with mental illness and/or alcohol/drug abuse service needs are provided through two comprehensive regional psychiatric hospitals operated by the Department of Mental Health through the Bureau of Mental Health: Mississippi State Hospital in Whitfield and East Mississippi State Hospital in Meridian.

Both state psychiatric facilities provide a range of inpatient psychiatric and chemical dependence services for adults, including acute psychiatric services, intermediate psychiatric services, continued treatment and chemical dependence treatment. In FY 1997, public short-term inpatient psychiatric and chemical dependence services for adolescents in the state were provided at East Mississippi State Hospital, and short-term inpatient psychiatric services for children and adolescents were provided at Mississippi State Hospital. Nursing facility services are located on the campuses of both hospitals.

Both psychiatric facilities also operate some community-based mental health services. These services include community-based housing options (such as group homes), case management, clubhouse rehabilitation programs and special programs for homeless individuals with mental illness. (See section on Community Mental Health Services for Adults, pp. 43-60 of this report for more information on these service components.

In FY 1997, admissions to both regional psychiatric facilities and the nursing facilities located on hospital grounds totaled 3,059. More specific services data from each facility can be found on p. 103 in Table 4 (Mississippi State Hospital) and on p. 104 in Table 5 (East Mississippi State Hospital).

Table 4

MISSISSIPPI STATE HOSPITAL Fiscal Year 1997 - Institutional Services

Institutional Services	Psychiatric Hospital	Chemical Dependence Unit (Adult)	Med./Surg. Hospital	Nursing Home	Adolescent Unit	Totals
Inpatients (7-1-96)	689	74	25	450	42	1,280
Additions	803	539	95	65	122	1,624
Intra-Admissions	0	62	394	184	4	644
First Admissions	317	403	49	62	107	938
Readmissions	486	136	46	3	15	686
Transfers	12	3	33	0	2	50
Chancery 90 Day	0	536	0	0	0	536
Voluntary Respite	0	0	0	0	0	0
Voluntary Alcohol Commitments	0	0	0	0	0	0
Involuntary Admissions	770	0	62	0	120	952
Voluntary Admissions	0	0	0	65	0	65
Discharges	748	595	97	71	108	1,619
Intra-Discharges	0	22	363	185	5	575
Inpatients (6-30-97)	708	58	20	444	55	1,285
Average Daily Census	688	69	21	445	49	1,272
Active Beds*	763	83	26	451	60	1,383
Licensed/Approved Bed Capacity**	1,417	89	43	451	60	2,060
Days of Patient Care	251,081	25,233	7,750	162,418	17,747	464,229

Community Services

Community Services	Total Clients Served
Alternative Living Arrangements	50
Case Management	211
Psychosocial Rehabilitation	69

* "Active Beds": The number of beds set up and staffed to provide service to each inpatient.

** "Licensed Bed Capacity": The maximum number of beds approved by the state licensing (certifying) agency for the facility's use in providing inpatient lodging. Of Mississippi State Hospital's total licensed bed capacity, 180 beds are in closed buildings, and 497 beds are not currently staffed or equipped to appropriate patient care (2,060 - 1,383 = 677).

Table 5

**EAST MISSISSIPPI STATE HOSPITAL Fiscal Year 1997
Institutional Services**

Institutional Services	Adult Psychiatric Services	Adolescent Psychiatric/CDU Services	Adult CDU Services	Nursing Home Services	Totals
Inpatients on 7-1-96	307	25	22	215	569
Additions During Fiscal Year	831	120	324	67	1,342
First Admissions	417	110	205	67	799
Readmissions	414	10	119	0	543
Transfers in	3	0	0	0	3
Voluntary Admissions	0	5	5	67	77
Involuntary Admissions	828	115	319	0	1,262
Discharges During Fiscal Year	803	117	321	67	1,308
Inpatients on 6-30-96	335	28	25	215	603
Average Daily Census	301	28	22	219	570
Active Beds on 6-30-96	332	50	25	226	633
Licensed/Approved Beds on 6-30-96	375	50	25	228	678
Days of Patient Care	109,993	10,076	8,132	79,943	208,144

* "Active Beds": The actual number of beds set up and staffed to provide inpatient lodging.

** "Licensed Bed Capacity": The maximum number of beds approved by the state licensing (certifying) agency for the facility's use in providing inpatient lodging.

EMSH Community Services

Community Services	Total Clients Served*
Alternative Living Arrangements (Group Homes & Apartments)	70
Case Management Program	170
Amenity Center	38
Psychosocial Rehabilitation	280
Training Center	76

*The totals of clients served across components listed for Community Services do not represent unduplicated counts.

EAST MISSISSIPPI STATE HOSPITAL (EMSH)

East Mississippi State Hospital is located in Meridian, MS, and serves 31 of the state's 82 counties. EMSH's service or catchment area includes community mental health regions 4, 7, 10, 12 and 14. Chemical dependency services for adolescents at EMSH, however, are available to all counties. (See map of EMSH service areas on p.5).

Major Services

The EMSH's major service units are as follows:

The **Adult Psychiatric Receiving Service** is designated for persons, 18 years of age and over, who require short-term, acute psychiatric care not to exceed 90 days. Through intensive short-term care, consumers are provided a program of medical, psychological, educational and social services. This service is the psychiatric service admission unit for adults at EMSH.

The **Adult Intermediate Psychiatric Service** is designed for patients, 18 years of age and over, who require acute psychiatric care longer than 90 days, but who are not expected to require the length of treatment which would necessitate transfer to the Adult Continuing Psychiatric Care Service. The acute medical, psychological, educational, and social services initiated on the Adult Psychiatric Receiving Services are continued in this phase in order to return the patient to the community or other appropriate setting as soon as possible.

The **Clearinghouse Unit** is a short-term, intensive treatment program consisting of education and practical training to prepare consumers for transition to the community upon discharge.

The **Adult Continuing Psychiatric Care Service** provides services to individuals 18 years of age and over who require psychiatric care beyond 90 days of hospitalization. The unit provides treatment to help patients cope with psychiatric, behavioral, physical and social problems.

The **Adult Chemical Dependency Service** is an inpatient substance abuse unit offering services to adult men. This service offers a 28-day detoxification and stabilization program, which includes medical care, counseling and education.

The **Adolescent Psychiatric and Chemical Dependency Service** provides short-term psychiatric and chemical dependency treatment intervention for patients, 12 years of age to 17 years, 11 months within a designated catchment area. The Magnolia Grove School, a special school program approved by the State Department of Education, provides adolescent patients with state approved, continuing regular and special education while they are hospitalized.

The **Medical Care Unit** is a seven-bed facility designed to provide short-term acute and convalescent medical and nursing care to patients of the hospital.

The **Community Services Program** provides a range of services in the Meridian area, including group homes and supervised apartments, transitional living services, psychosocial rehabilitation, case management, and specialized services for homeless adults with mental illness.

The **R. P. White Nursing Facilities** include three licensed, Medicaid-certified nursing facilities on the grounds of EMSH. Admission criteria and procedures are the same as for other licensed nursing home facilities in the state.

Progress and Service Highlights in FY 1997

In order for East Mississippi State Hospital to maintain consistency among the Annual Budget Request, the Goals and Objectives, and the Annual Progress Report, the Annual Progress Report for Fiscal Year 1997, which follows, is arranged under three main headings:

The **Institutional Care Program** consists of inpatient psychiatric and alcohol and drug abuse and dependency treatment and rehabilitation services for adults and adolescents. Three (3) licensed, Medicaid-certified nursing homes are also operated on the campus of EMSH.

The **Pre/Post Institutional Care Program** consists of outpatient psychiatric and alcohol and drug abuse and dependency treatment and rehabilitation services; and,

The **Support Services Program** consists of administrative, ancillary and support service functions for the Institutional Care Program and the Pre/Post Institutional Care Program.

The goals and objectives, progress on the goals and objectives achieved during the fiscal year, and statistical reports are grouped according to the above mentioned categories.

Institutional Care Program

QUALITY CARE A total of 1,911 individuals were provided in-patient psychiatric, chemical dependency or nursing facility services at East MS State Hospital during FY 1997, representing 208,144 days of patient care.

See Table 5 on p. 104 for specific service data by adult psychiatric services, adolescent psychiatric and chemical dependence services, adult chemical dependence services, nursing facility services, and community services for adults.

LICENSURE CERTIFICATION The East Mississippi State Hospital maintained its licensure by the Mississippi State Department of Health, Division of Health Facilities Licensure and Certification to operate as a hospital providing psychiatric and chemical dependency treatment for adults and adolescents through continued compliance with all applicable standards, rules and regulations, etc.

The Reginald P. White Nursing Facilities maintained licensure by the Mississippi State Department of Health, Division of Health Facilities Licensure and Certification to operate as an Institution for the Aged or Infirm, as well as certification to participate in the Medicaid program through continued compliance with all applicable standards, rules and regulations.

**INDIVIDUAL
TREATMENT/
REHABILITATIVE
SERVICES AND
DISCHARGE
PLANNING**

The Psychology Department implemented a hospital-wide AA speaker meeting, which is open to individuals with alcohol or drug abuse problems and individuals with dual diagnoses of mental illness and substance abuse problems, at EMSH, the Training Unit and the Group Homes. Also, a self-help group was added to the Training Unit to help patients accept more responsibility for self-management of daily activities.

During the fiscal year, EMSH implemented an Adult Education program which was divided into three areas that served patients who were functioning on a level from preschool to a twelfth grade level. The program served 52 patients during the year.

In February 1997, the Social Services Department assigned an additional social worker to Champion 4, a 35-bed ward located in the Continuing Care Unit. This addition of professional staff to a ward for patients with long-term serious mental illness, enhanced programs for those patients who require more intensive individual and group treatment in order to be referred for community placement.

The Adult Alcohol and Drug Service began a new program in April 1997 called Biopsychosocial Evaluations. This service is available to all patients referred by the Treatment Team physician and consists of a review of the patient's chart, nurse's notes, group progress notes, physician's notes, counselor's notes and a review of assessments/evaluations performed by disciplines represented on the Treatment Team. In-depth interviews are also conducted with the patients and the staff who work with the patients.

The Magnolia Grove School, located in the Adolescent Unit, added Guidance Services to its program. The Guidance Counselor maintains an open line of communication with the student's home school in order to coordinate academic programming for each student and to facilitate a smooth transition when the student is ready to return to his or her home school.

The Adolescent Alcohol and Drug Program gained separate program status with the arrival in November 1996 of a Program Coordinator whose responsibility is the development, monitoring and coordination of the program content and quality.

During the fiscal year, the Adult Psychiatric Services referred 63 patients to one or more of the components of the Division of Community Services, including Case Management, Adult Training Center, Amenity Center and/or the Group Homes.

The Activity/Recreation Department initiated two new music programs during the fiscal year. Music Education began in October 1996 and consists of Leisure Music Education groups held on the Continuing Care Unit, Adult Psychiatric Unit, and the R. P. White Nursing Facilities. Also, Music Therapy, which consists of Therapeutic Music groups, started in April 1997. This program was implemented on Continuing Care and all R. P. White Nursing facilities.

During FY 1997, EMSH continued to have an objective to expand the Drug Therapy Program for patients requiring certain recently developed medications (such as Clozaril, Resperdol, and Zyprexa) in order for them to achieve the highest level of independent functioning in the least restrictive environment appropriate to meet their needs.

Outpatient commitments continued to be utilized during the fiscal year in order to address the problem of recidivism of those patients who are known to not comply with aftercare and follow-up treatment. During the course of the fiscal year, outpatient commitments data were as follows:

- 145 Outpatient Commitments implemented.
- 22 Outpatient Commitments were extended for an additional year during the fiscal year.
- 56 Outpatient Commitments were rescinded, and the patient returned to the hospital.
- There were 5 patients whose Outpatient Commitment was not renewed.

**STAFF/
STUDENT
TRAINING**

During the fiscal year, the Staff Development Department provided all new employees with an orientation program in compliance with guidelines adopted by East Mississippi State Hospital and the State Department of Mental Health. The purpose of this program is to ensure that employees have knowledge of hospital policies and are adequately prepared to perform basic job-related skills and functions. During the fiscal year, 264 new employees were trained.

The Direct Care Training Program is designed to improve the direct care services provided to the patients/clients of EMSH. During the fiscal year, a total of 59 direct care trainees completed the program.

The Adolescent Unit began a Staff Competency Verification Program which began with every new employee hired since August 1, 1996. This measurement tool is included in the Orientation packets and is being used as a check-off for skills and training and as a review instrument at every evaluation period. The Nursing Service within the Adolescent Unit developed

a separate, 20-day orientation/skills check-off packet that was implemented in August 1996 to ensure that all nursing staff have demonstrated specific capabilities before going to full duty.

During Fiscal Year 1997, the Social Service Department revised the orientation plan for employees and students, to include evaluation instruments that measure the outcome of training. In addition, all Job Content Questionnaires (JCQs) and performance indicators for all positions were rewritten to describe job duties and expectations for performance in measurable terms; these updated JCQs and performance indicators were phased in during the year as the employees' annual performance appraisals were completed. Job descriptions and performance indicators contain measures of competence in population specific issues.

During the year, EMSH continued implementing its objective to provide on-going staff development and professional enhancement activities and opportunities designed to enable staff to acquire, maintain, and/or enhance their professional knowledge, skills and abilities, and to meet the minimum requirements to acquire and/or maintain the required certification, licensure and/or registration for the position held. A total of 406 staff training sessions were held on-campus during the fiscal year. A total of 102 staff training sessions were held off-campus during the fiscal year.

Specific examples of staff development activities in FY 1997 included the following:

- Certified training in Cardio-Pulmonary Resuscitation (CPR) utilizing techniques of either the American Heart Association or the American Red Cross was provided during the fiscal year and successfully completed by 172 individuals.
- Techniques for the Management of Aggressive Behavior (TMAB) was provided to 320 professional and paraprofessional staff members.
- Focal Group Therapy is a program designed to instruct trainers about the group environment considerations, legal and ethical issues. A group of 25 completed the training requirements.
- Continuing medical education for facility medical staff was provided on a monthly basis through Psychlink, an interactive medical network designed to deliver the continuing medical education for the medical staff.
- The Nursing Service Department has implemented a Staff Competency Verification Program for all new employees, which has been expanded to nurses already employed.

- During the fiscal year, a nurse aide competency training was offered to all nurse aides working in a licensed facility. All nurse aides working in a licensed facility must pass a written and skills examination. At the end of four months of employment at a licensed nursing home facility, a nurse aide must be certified as having successfully completed the nurse aide competency evaluation examination, and certification must be on file with the Board of Nursing. A total of (69) nurse aides completed training and became certified during the fiscal year.
- Mandated staff training topics were provided throughout the year for staff assigned to the R. P. White Nursing Facilities, as required by licensure standards.

During the fiscal year, EMSH maintained academic linkages with community educational institutions and resources. The following are examples of those linkages:

- During the fiscal year, the Psychology Department continued to maintain academic linkages with the University of Mississippi, the University of Southern Mississippi, Jackson State University, Mississippi State University (Starkville and Meridian Branches) and William Carey College.
- During the fiscal year, the Social Service Department provided supervised field placement for one student from Mississippi State University. The department has affiliation agreements to provide field placements for students from the University of Mississippi and the University of Southern Mississippi.
- During the fiscal year, Adolescent Services successfully provided training placement for students on the doctoral level from the University of Mississippi and the University of Southern Mississippi.

**QUALITY
NURSING
HOME
SERVICES**

During the fiscal year, the Reginald P. White Nursing Facilities admitted 67 individuals and provided care for a total of 282 individuals, resulting in a total of 79,943 days of patient care. The Nursing Home Services discharged 67 individuals during the fiscal year.

As mentioned previously, mandated staff training was provided to staff assigned to the R. P. White Nursing Facilities, as required by licensure standards.

Pre/Post Institutional Care Programs

COMMUNITY- BASED SERVICES

Service data on individual components of the Community Services program can be found on Table 5 on p. 104. These components include six group homes for adults with serious mental illness, supervised apartments, the Respite Program, the Amenity Center, the Adult Training Center and the Patient Work Training Program. There were 219 admissions during the year to the Community Services Programs, either by direct admission or internal transfer. A total of 286 individuals were served, representing 30,752 days of client care, with average lengths of stay as follows:

<u>Service:</u>	<u>Days:</u>
Group Homes	360
Apartment Living	290
Respite Program	10
Amenity Center	103
Adult Training Center	89
Patient Work Training	90

During the fiscal year, the Case Management Program provided: 417 client referrals for medical/dental services; 669 referrals to Community Mental Health Center services; 1,397 referrals for Social/Financial/Nutritional services; 2,551 home visits and 44 crisis interventions.

The Friendship Center, Inc., utilized 163 volunteers in addition to regular staff to provide case management and rehabilitative services to an average of 55 clients per day during the fiscal year. A total of 423 classes and groups were held.

The Amenity Center provided a variety of services to its clients during the fiscal year, which included:

117 doctor's appointments and other consultations were attended; 26 eye and dental consultations; 55 lab appointments were attended; 513 contacts were made to nursing services; 33 family conferences were held and 4 clients returned to live with their families.

The Adult Training Center provided individual/group sessions to 25 patients during the fiscal year, and staff maintained monthly family conferences in person or by telephone.

A total of 71% of the clients discharged were placed in less restrictive community settings such as group homes, personal care homes, the Amenity Center, supervised apartment living, or their home environments.

SUPPORT SERVICES PROGRAMS

EFFORTS TO ACHIEVE JCAHO ACCREDITATION

EMSH continued activities during the fiscal year to work toward accreditation by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

According to the hospital's incremental accreditation plan, EMSH will request an exception from JCAHO to allow survey and accreditation of only the Adolescent Psychiatric and Chemical Dependency Unit under the Behavioral Health Care standards. At the end of fiscal year 1997, the JCAHO application had been prepared, and arrangements were being made to complete the application process. The scheduling of the accreditation survey for the Adolescent Psychiatric and Chemical Dependency Unit is planned for fiscal year 1998.

Staffing

The budget for the fiscal year requested additional positions identified in the hospital's Five Year Staffing Plan for JCAHO Accreditation. For the past three fiscal years of 1995, 1996 and 1997, a total of 539 positions have been requested. During the three fiscal year period, a total of 328 positions have actually been allocated.

Quality Assessment And Improvement

During the fiscal year, 12 preparation teams were organized around the eleven patient care and organizational functions identified by JCAHO, under the oversight of the EMSH JCAHO Steering Committee. Each preparation team worked to bring patient care and organizational functions and processes into compliance with accreditation standards. Progress of the preparation teams has been continually reported to and reviewed by the EMSH JCAHO Steering Committee. The EMSH JCAHO Steering Committee worked with the EMSH Internal Governing Board and the hospital administration to address and remove barriers which could not be negotiated successfully by the individual preparation teams. Each of the 12 preparation teams has achieved varying degrees of progress in preparation for JCAHO accreditation. The scope of the necessary changes and/or improvements required in some areas cannot be quickly achieved. However, the preparation teams continue to work systematically to bring the institution into a state of preparation for JCAHO accreditation.

The JCAHO Steering Committee implemented the use of the JCAHO Consultants report from June 1995 as a documented measurement of progress achieved toward readiness for accreditation.

On August 21, 1996, the required Statement of Conditions for the Adolescent Unit was completed in preparation for the accreditation survey. The plan of improvement for identified deficiencies was completed on April 1, 1997.

On February 5, 1997, a new procedure was implemented for reporting and monitoring identified Life Safety Code deficiencies and corrective plans.

Several of the seven required plans in the area of the Environment of Care have been completed, including:

The Safety Management Plan was completed and submitted for approval by the EMSH Internal Governing Board for approval and implementation in May 1997; the Materials Safety Data Sheet section of the Hazardous Materials and Waste Plan was completed and submitted to the EMSH Internal Governing Board for approval and implementation in April 1997; the revised Life Safety Management Plan was completed and submitted to the EMSH Internal Governing Board for approval and implementation in May 1997; the Medical Equipment Management Plan was completed and scheduled for submission to the EMSH Internal Governing Board for approval and implementation in July 1997; and, the Utility Management Plan was completed and submitted to the EMSH Internal Governing Board for approval and implementation in June 1997.

All departments began the development of departmental specific orientation plans for new staff during the fiscal year. A significant number of departments were able to implement new employee orientation plans during the fiscal year. Other departments will begin new employee orientation plans in the near future.

During the fiscal year, the chairperson of the EMSH Internal Governing Board joined the membership of the JCAHO Steering Committee to provide an active linkage between these two bodies. The Directors of the residential units were also asked to attend all the JCAHO Steering Committee meetings during the fiscal year in order to accelerate and facilitate the movement of accreditation preparation efforts to other areas of the hospital in the future.

During the fiscal year, the Infection Control Program was reengineered around key functions relating to its mission. These changes helped to

prioritize the investment and utilization of the program resources to maximize effectiveness and efficiency, as well as to provide the necessary performance measurements and program evaluations.

During the fiscal year, the Public Relations Department began publishing an informational newsletter entitled "The Mindset" in order to communicate pertinent information to all staff regarding JCAHO accreditation requirements and preparation activities.

**MAINTAIN/
IMPROVE
FACILITIES**

During the fiscal year, efforts to improve or replace facilities and equipment at EMSH were continued to ensure a safe and secure therapeutic environment for patients. The following projects were completed or initiated:

- Demolition of the Old Cafeteria Building.

The scope of this project includes the demolition of the Old Cafeteria Building and landscaping the building site. A professional was assigned to the project on September 25, 1995. Bids were accepted May 22, 1997. The contract for demolition was awarded in June 1997.

- Initiation of the hospital's Barrier Removal Program to ensure that all campus buildings and facilities are in compliance with the Americans with Disabilities Act, as funds requested (\$150,000) for the fiscal year are appropriated through the Bureau of Buildings, Grounds, and Real Property Management.

Bids on this project were opened on May 6, 1996. The completion date was March 1997. The total cost of the project was \$97,712.

**INFORMATION
SYSTEMS**

During the fiscal year, 12 new computers and accompanying software were set up at various sites. Also, 12 new laser printers were set up at different locations throughout the hospital. The EMSH LAN (Local Area Network) was installed in the Administration Building. This Local Area Network is a larger system than the "mini-Lan," which was installed in the Administration Building in FY 1996, and it will support 50 users. (There are plans to include LAN in all buildings). A DSU and Router were purchased for the EMSH LAN and were installed, allowing for SAAS connectivity and access to the Internet. The EMSH UNIX mini-computer system was installed. This system will support the Client Information System (CIS).

During the fiscal year, all necessary office automation systems were installed for the 12 new computers placed throughout the hospital. The EMSH CIS

(Client Information System) was implemented. This entailed the installation and configuration of the Echo software.

During the fiscal year, the Campus Telecommunications and Cabling Project was awarded on May 7, 1996. The scope of the project includes the underground cabling to all buildings on the campus and the wiring of each building. This cabling/wiring effort will provide for the campus telephone system, the computer acquisition, the campus fire alarm system and the campus closed circuit television network. This project was completed January 20, 1997, at a cost of \$597,278. This project was funded through the fiscal year 1996 operating budget.

MISSISSIPPI STATE HOSPITAL (MSH)

Mississippi State Hospital (MSH), the larger of the two state-operated psychiatric facilities, is located in Whitfield, MS. MSH serves 51 of the state's 82 counties, primarily in the western two thirds of the state. MSH's service or catchment area includes community mental health regions 1, 2, 3, 5, 6, 8, 9, 11, 13, and 15. Forensic services and chemical dependence treatment for women, however, are available to all counties. (See map of MSH service areas on p. 5.)

Mississippi State Hospital is licensed by the Mississippi Department of Health, Division of Health Facilities Licensure and Certification. MSH provides psychiatric, chemical dependence, medical/surgical, and forensic services for adults and acute psychiatric services for children/adolescents. In addition to a range of inpatient services, MSH also provides some community-based programs in the Jackson area. Nursing home services are also operated on the campus of MSH. (See Table 4 on p. 103 for hospital statistics.)

Major Services

Psychiatric Services The psychiatric services are divided into acute, continued treatment, and intermediate treatment. The Acute Service provides for the needs of adults who are evaluated, stabilized and treated in the receiving units. The Continued Treatment Service is designed for adults needing continued evaluation and treatment. The Intermediate Treatment Service is for adults who have had problems adjusting to the community following their discharges and have therefore been admitted to Mississippi State Hospital more than once.

Mental Illness with Chemical/Alcohol Addiction (MICA) Unit The MICA Unit is a 30-bed (20-beds in FY 1997) acute diagnosis service. The program offers a less restrictive environment for the treatment of mental illness and chemical/alcohol addiction. A special approach is utilized to assist persons in achieving and maintaining eventual sobriety and a state of recovery from mental illness.

Continued Medical Service The Continued Medical Service is for the elderly and chronically ill patients who require long-term care. Most of the patients require extensive medical attention in addition to psychiatric treatment.

Child and Adolescent Unit Oak Circle Center is a 60-bed evaluation and short-term treatment unit for children and adolescents between the ages of four (4) and 17 years and 11 months. Specialized services are provided for children and adolescents who may have impaired emotional, social, psychological, or academic functioning. Education services are provided through Lakeside School, which is fully accredited by the Mississippi State Department of Education.

Forensic Service This service offers pre-trial evaluations and limited treatment of criminal defendants from the Circuit Court throughout the state. The competency of patients to stand trial is determined through an evaluation process. Other patients have been to trial and are returned to the hospital by the courts as "not guilty by reason of insanity."

Chemical Dependency Unit The CDU treats patients for alcohol or drug problems. The 83-bed unit is divided into two buildings housing males and females separately. The treatment program includes a short period of detoxification, complete medical care, group therapy, counseling, family conferences and introduction to Alcoholics Anonymous.

Whitfield Medical Surgical Hospital Whitfield Medical Surgical Hospital provides acute medical and surgical care to Mississippi State Hospital patients and those from the six other regional health care facilities operated by the Mississippi Department of Mental Health. The 43-bed general hospital includes an 11-bed receiving psychiatric ward for males. The hospital also renders acute medical and surgical care including lab, outpatient, and x-ray services.

Community Services The community support services provided to some individuals discharged from the hospital include: case management, a psychosocial clubhouse program, a day program for homeless persons with mental illness, and a residential program that offers 24-hour supervision in various settings, such as three group homes (32 beds), and the Mental Illness with Chemical Addiction Recovery Environment (MICARE), a group home for persons with dual diagnosis of mental illness and chemical addition (12 beds).

Jaquith Nursing Home Also included in community resources is the 457-bed Jacquith Nursing Home, a fully licensed nursing home comprised of 10 buildings on the Mississippi State Hospital campus.

Progress and Service Highlights

The following summary provides highlights of progress made through the clinical and support services departments at MS State Hospital in implementing the hospital's Plan for Professional Services in FY 1997.

IMPROVE CUSTOMER SERVICE

Oak Circle Center units were rearranged to allow for more adolescent male admissions. Additionally, a treatment track of approximately twenty-one (21) days was developed to facilitate more rapid treatment of patients with conduct disorders who typically respond well to inpatient treatment. This tract of treatment includes evaluation and outpatient recommendations and focuses on the need for discharge planning at the time of the patient's admission.

A Nurse Practitioner was added to the Female Receiving Unit of the hospital to augment physician efforts, thereby reducing the waiting list for this service. Also, another physician was added to this staff for the purposes of increasing rates of admission and shortening the waiting list.

The Patient Advocate continued to investigate patient concerns and complaints and to remind patients admitted to the hospital of their rights. Additionally, a monitoring system was implemented to ensure patients were made aware of their rights within (24) hours of hospital admission. The Patient Advocate followed up on this effort within ten (10) days. Quarterly Protection and Advocacy meetings were coordinated for patients of Psychiatric Services, and telephone numbers to the Legal Line and Central Mississippi Legal Services were made accessible to the patients of the Psychiatric Services of Mississippi State Hospital.

A MSH Patient Information Booklet was written and printed, and distribution was initiated. Two thousand (2,000) copies were distributed to patients and their families and to the courts, schools, and other agencies. A patient information handbook for the Chemical Dependency Unit was also written and printed. A pre-admissions packet was developed to educate patients, families, and community members about patient rights and the range of services offered at Mississippi State Hospital. The MICA Unit created and developed Family Program Modules to enhance family education about the unit and its resources.

Environmental Services continued efforts to improve customer service by including sessions about patient rights in the Housekeeping and Laundry training program. These services also incorporated performance improvement, measurement, and documentation into their operations.

The Medical Psychiatry Service completed a patient information brochure which includes information about unit pre-admission. The brochure was created for newly admitted patients and their families as well as prospective patients. In conjunction with a Dementia Task Force, additional information was generated regarding services provided by the Medical Psychiatry Service. Families were provided additional information regarding the short-term, diagnostic, and brief therapeutic nature of the service in order to facilitate their planning efforts for long-term placement for their family members prior to admission. Communication of patient information to family members was improved in the Medical Psychiatry Service by the development and implementation of a code system: Each newly admitted patient is assigned a unique code (and educated on the use of the code), which facilitates communication between patients and their desired correspondents.

Satisfaction surveys were developed and conducted to allow patients input into the menu planning/food service aspects of treatment. Patient educational material was developed by the Food Services staff of the hospital and was incorporated into the patient and family education programs conducted by the hospital clinical staff. Unit-based patient satisfaction surveys were initiated on the Male Receiving Unit of the Psychiatric Services to identify patient-focused areas in need of improvement.

Customer satisfaction survey forms were developed and distributed by Dental Services to the patients receiving treatment. The results were tabulated, and the information was used to improve the provision of these services to the patients and employees.

Lakeside School for the adolescent patients continued to establish early contact with students' school districts. The letter sent by Lakeside School to local school districts was revised in order to facilitate better cooperation between Lakeside School and the local school districts and to provide better services to the students. The Patient Education department of MSH continued to work cooperatively with the Rankin County Schools System in maintaining the cooperative agreement between the Department of Mental Health and the MS Department of Education.

During FY 1997, the Communications Division accomplished the following in maintaining and improving customer service: Through the Volunteer Services Donation Funds, \$22,728.80 was distributed to patients, residents and consumers for activities such as monthly field trips, MSH Day, the State Fair and seasonal parties provided in the service areas. Additionally, the MSH

Clothing and Donation Centers filled 7,813 clothing requisitions to meet the clothing needs of the patients and residents throughout the year.

The Jaquith Nursing Home implemented a Resident Clothing Provision and Accountability policy and procedure. During FY 1997, Jaquith Nursing Home established monthly meetings for the Family Resident Council.

Efforts to improve customer service in the Pharmacy Services department in FY 1997 included the following: The Pharmacy Department developed an improved system to maintain individual drug profiles and personalized prescriptions for all patients. The atypical antipsychotic medication, Zyprexa, was added to the formulary and is being administered in the treatment of patients.

Data Processing and Telecommunications established an online employee telephone directory that was made accessible to all employees with network accounts. These departments developed an employee help line to assist with hardware and software trouble, and approximately 3,000 calls were recorded and responded to during the fiscal year. A minimum of one PC was placed on each patient building for shared use of multiple disciplines, with Data Processing supporting a total of three hundred (300) user accounts and one hundred (100) e-mail accounts. The first of a three (3) year plan was completed this fiscal year through Data Processing, with the intent to prepare MSH for the implementation of an online patient demographic/treatment plan data system (ECHO). This department implemented a warehouse inventory tracking system (SBT) which allows for automatic reorder notification, usage tracking, and other relevant information for reporting and monitoring. The LAN and users of the Department of Information and Technology Services (ITS) were successfully connected via the States' Frame Relay, allowing end users of individual PCS to have electronic access to the Internet, Internet E-Mail, State Personnel, and ITS. Data Processing rewrote the admission data tracking system to include more data, to work in a Windows environment, and to run as a multi-user system allowing access from administration.

The Risk Management Department of MSH continued activities as follows: reviewing (and following up with recommendations to hospital departments) accident/incident reports involving patients; monitoring Workers Compensation Claims and Tort Claims; responding to patient-on-patient allegations and reporting these allegations under the Vulnerable Adults Act; conducting investigations regarding patient-on-patient abuse and reporting employee/patient allegations under the Vulnerable Adults Act; conducting investigations of employee/patient allegations of abuse and following up on

referrals for investigation received from Mississippi Protection and Advocacy; and, conducting investigations of safety issues.

Building on Continuous Quality Improvement (CQI) activities in FY 1996, the following CQI activities were completed in FY 1997:

- The CQI Leadership Team authorized a study to benchmark the initial effort to implement CQI. This benchmarking provided a point of departure to measure further improvement in the implementation of CQI across MSH.
- During September and October 1996, all employees of MSH were afforded the opportunity to complete a confidential employee survey designed to elicit forthright responses concerning a number of work related issues. The primary purpose of the survey was to benchmark attitudes and understanding of the CQI effort; however, the survey also included questions of a more general concern to the management of MSH. A total of 1,129 employees responded to the survey, with 462 offering "write-in" comments. The survey was administered by outside consultants to ensure confidentiality, and the CQI Leadership Team was asked to develop a plan of response to the results. Additionally, a booklet of survey results was compiled.
- From the survey mentioned previously, the CQI Leadership Team identified eight overall opportunities for hospital improvement: 1) the need for clarity with respect to the hospital mission, goals, and objectives; 2) the need to implement and practice CQI and the core values throughout the entire hospital; 3) employee attendance, scheduling and turnover; 4) trust; 5) availability and effectiveness of training; 6) communication; 7) supervisory relationships and 8) availability and visibility of hospital leadership.
- During January and February 1997, all Department/Division Directors and Service Chiefs of MSH received an in-service on the survey's results, conducted by the CQI Leadership Team. Feedback was received from this group about how the CQI Leadership Team should proceed in resolving the issues identified above.

- In March 1997, the CQI Leadership Team conducted the hospital's first Town Meetings, which were open to its entire community. These meetings were designed to initiate improved communication between hospital leadership and hospital employees. At these meetings, employees were given the opportunity to express their concerns and to ask questions in an open forum. Following the Town Meetings and throughout the remainder of the fiscal year, several Quality Action Teams were developed to address specific issues identified through the meetings and through the survey described previously.
- During the fiscal year, each department focused on training its own staff on the CQI principles and on developing plans for incorporating CQI/core values concepts. Additionally, the CQI mission and core values were incorporated into employee orientation. Material with the hospital mission and core values was printed and distributed to new employees during orientation.
- Jaquith Nursing Home developed and prepared a CQI Plan in January 1997, which was adopted by the JNH Quality Assurance and Improvement (QA/I) committee.

The Community Services program of MSH continued to strive to provide, through the residential program, a supportive alternative family and home setting for approximately 50 consumers in which they could learn to live more independently. Approximately 12 consumers were assisted in obtaining independent living skills sufficient to enable them to obtain independent living arrangements, and an average of 45 clubhouse members were provided the opportunity to receive, on a daily basis, the four basic services guaranteed by the psychosocial clubhouse model. The Transitional Employment Program provided training on effective work habits/skills to 16 consumers. The Case Management program provided services to an average of 211 consumers per month. A contract with the University Medical Center was implemented which provided two psychiatrists to serve as psychiatric consultants to an average of 125 consumers per month. Collaborative efforts were made with the Pharmacy Service department of the hospital to provide medications to the consumers of these programs who did not have the financial resources to obtain the medications. In cooperation with the University Medical Center School of Dentistry, an average of 45 consumers quarterly received dental care. The MICARE (Mental Illness with Chemical Addiction Recovery Environment) Unit of the Community Services program opened in the second

half of this fiscal year, serving 12 persons dually diagnosed with mental illness and chemical addiction in a residential treatment program. Mental health consumer education classes were offered by the Stubbs Homeless Program on a weekly basis with New Life Mental Health Education Consumer groups, and Residential Programs developed the Sunshine Group which met regularly throughout this fiscal year. (See also chart, p. 103, for statistics on community services programs.)

During FY 1997, the following public awareness activities were completed by the Community Services program: 1) an art and writing exhibit was produced and presented at a local art studio; 2) a booklet with a sampling of writing, poetry and art was published by the hospital and distributed, free of charge, to the public; 3) a talk show on depression was produced for Jackson State University's Public Radio Station; 4) a program paying homage to homeless individuals with mental illness who have died was coordinated and produced by the Stubbs Homeless Program staff and 5) a special program about Opportunity House was aired, which provided education about the psychosocial clubhouse model.

**OPERATE
EFFICIENTLY,
MAXIMIZE
SERVICES AND
MINIMIZE
WASTE**

During FY 1997, a concerted effort among staff throughout the facility was undertaken to enhance MSH third party revenues. While Oak Circle Center child and adolescent services became eligible for Medicaid reimbursement in the latter part of fiscal year 1996, MSH did not receive the first revenues from Medicaid until this fiscal year. During FY 1997, the hospital was able to increase revenues in the following areas: 1) Jaquith Nursing Home; 2) pharmaceuticals at Oak Circle Center; 3) physician fees at Oak Circle Center and Jaquith Nursing Home; 4) outpatient services at Whitfield Med-Surg Hospital and 5) disproportionate share payments at Whitfield Med-Surg Hospital. Additionally, MSH was able to increase its third party collections by over \$3 million, or 18.4% over the previous fiscal year. Efforts were also undertaken to educate staff throughout the facility about the need for staff to work together to enhance third party revenue collection.

To further increase third party reimbursement, it was recommended that Oak Circle Center Lakeside School gain information about its eligibility for the Department of Education's Child Nutrition Program. With 50 students, it was estimated that hospital reimbursement could range from \$35,000 to \$40,000 per year. The hospital's Internal Audit Department initiated the application process through the Department of Education and worked towards gathering the documents and information required by the Child Nutrition Program to determine Oak Circle Center's eligibility for this program.

As another measure to increase third party reimbursement, the Internal Audit Department tested revenues from sales of drugs and Medicaid per diem payments. In June 1997, drug claims for 48 residents of the hospital's nursing home were billed to Medicaid, and a total of \$49,897 was received by the hospital from Medicaid.

During this fiscal year, \$65,000 was billed to Medicaid for Oak Circle Center patients' drug expenses.

Whitfield Medical-Surgical Hospital continued to make every effort to maximize reimbursement from third party payers, and a total of \$200,000 was collected over the projected estimated amount for the fiscal year.

Data Processing and Telecommunications supported reimbursement efforts by providing hardware/software connectivity and support to allow electronic insurance submission. This support included filing for additional services that are provided by the hospital. Oak Circle Center child and adolescent units were connected to Medicaid, which allowed for electronic certification of patients and created a much faster reimbursement authorization.

The Medical Records Department collaborated with the Data Processing Department regarding the admission/discharge/transfer (ADT) computerized information system. Oak Circle Center was utilized as a pilot site for a computerized study regarding this system. The installation of the Hewlett Packard 9000 was completed along with the installation for the ECHO software.

The MSH Property Department began the implementation of the Atrack property inventory system, which was acquired and implemented through the MSH Data Processing Department. The full impact of the improvements expected by Atrack will not be evident until FY 1998.

The Statewide Automated Accounting System (SAAS) was fully implemented on July 1, 1996, the beginning of FY 1997.

Recycled furniture, received from the Mississippi State Tax Commission and the University Medical Center, was distributed throughout the patient buildings and administrative offices. New furniture was purchased and placed on four patient buildings in the psychiatric services, including the Forensic Unit and Continued Treatment Service buildings.

Environmental Services performed quarterly audits to maintain an accurate inventory of all equipment assigned to Laundry and Housekeeping Services.

Environmental Services also initiated monitoring programs and strategies to improve efficiency and to improve the performance of other areas, such as use of detergent in laundry, pest service control, and waste services in housekeeping.

Through a contract agency, Jaquith Nursing Home expanded access to restorative services such as physical therapy, speech therapy, and occupational therapy. A resident skin care review team was organized in Jaquith Nursing Home, and efforts toward enhancing the documentation and actual care of residents with pressure sores included the purchase of a specialized camera to document stages of the condition.

**ACHIEVE/
MAINTAIN
ACCREDI-
TATION BY
JCAHO**

The Whitfield Medical-Surgical Hospital continued to maintain its accreditation by JCAHO during FY 1997. Oak Circle Center Child and Adolescent Unit also maintained its JCAHO accreditation, emphasizing performance improvement projects in treatment planning.

The Psychiatric Services determined that the Receiving Units (Buildings 63, 76, 90, and 87) would be surveyed during this fiscal year. The following efforts were undertaken to ensure a successful survey: 1) a JCAHO Leadership Team was established, as were Clinical Management Teams for all the units of the psychiatric services; 2) training, credentialing and staff education about the survey process were provided; 3) chart review of patient treatment plans, progress notes, documentation and information were completed as a major component of the accreditation process; 4) the Health Information Management Committee was appointed to perform the closed clinical record review during the survey; 5) Key Function Review Groups consisting of staff members from departments needed to prepare for the survey were formed and 6) a Management of Environment of Care Manual was compiled by a group of staff members from Team Coordination and Risk Management.

A full-time Licensure and Accreditation Coordinator position was created and filled. This individual is responsible for coordinating the Key Function Review Groups mentioned above for the purpose of achieving and maintaining compliance with JCAHO standards.

The electronic online Automated Comprehensive Accreditation Manual for Hospitals, the Automated Comprehensive Accreditation Manual for Behavioral Health Care and Score 100, a tool predicting survey outcomes, were acquired and implemented. This JCAHO software was made available electronically to employees via hospital management. A centralized location was created to store the MSH information manuals (i.e. Policies and

Procedures, Disaster Preparedness, and the Employee Handbook) and was made accessible to PC users.

The Food and Nutrition Services continued to work toward meeting JCAHO standards in all areas. The Nutritional Screening Form and guidelines to meet better the requirements set forth by JCAHO were revised. The Food and Nutrition Services became more actively involved through the regular inclusion of a dietitian in treatment team and clinical management team meetings.

The Lakeside School on the MSH campus maintained compliance with the Department of Education and JCAHO standards and regulations by meeting all time lines for required reports.

**IMPLEMENT
CAPITAL
IMPROVEMENT
PLAN**

The construction of the MSH Food Service Facility was scheduled for completion in the third quarter of this fiscal year and is currently not complete. Construction of the Nurse Call system for Jaquith Nursing Home was completed.

The contract was initiated for the Food Service Pantries, Phase I, of Jaquith Nursing Home. The design of the Food Service Pantries, Phase II, Residential Living was initiated and will be completed in FY 1998, with construction to follow in FY 1999. The design of the 1995 Roofing Program contract was initiated and was scheduled to be completed in FY 1998. The design contract of the Laundry Equipment and Repairs was completed, and bids were taken in the last quarter of this fiscal year. Construction will be completed in the fourth quarter of FY 1998.

Other FY 1997 repair/renovation projects included the following:

- Boilers providing heat for Buildings 32, 36, 40, and 77 were replaced.
- Chillers and air handlers were repaired or replaced on Buildings 21, 34, 63, 67, and 78.
- Sidewalks were replaced from Building 22 to Building 26, in front of Building 38 and from Building 72 to Building 73.
- Floor coverings were replaced in the surgical suites on Building 60, the Medical-Surgical Hospital.

The MICA Unit created new building schedules to consolidate group sessions into two series, Life Skills and Recovery Skills. This unit began regularly scheduled Clinical Management Team meetings. An evaluation process was developed with the Psychology Department to understand better patient diagnoses and treatment options. This evaluation process was developed during the fiscal year, and results of implementation will be compiled and recorded in FY 1998.

The development of the Clinical Management Teams (CMT) and the addition of Program Administrators to the units in the psychiatric services of the hospital are expected to improve the overall programmatic and service delivery on the Continued Treatment Service units. Each CMT addresses building issues such as global schedules, seclusion/restraint, safety issues, compliance with JCAHO and licensure standards and Patient Focused Functions processes and outcomes. These teams were created and developed during the fiscal year 1997.

**ENHANCE
PUBLIC
IMAGE OF
MSH**

The following are highlights of activities, implemented or coordinated through the Communications Division, to enhance the public image of MSH:

- 59 hospital tours were coordinated and conducted;
- Approximately 1,000 packets of written information and promotional material about the hospital were provided to tour group participants and other hospital visitors and were distributed throughout the community through the hospital's speakers bureau;
- 36 presentations were made at outside community events by MSH staff through the hospital speakers bureau (27 of these presentations included slide presentations and informational displays coordinated and created by the Communications Division);
- 35 functions were coordinated and held by community groups in the MSH Conference Center, with 247 meetings and functions coordinated by hospital departments and groups;
- Information about the hospital's services, programs and events were publicized through the designing and printing of 22 brochures, booklets, flyers, and other print material;
- 130 press releases and news articles were written and distributed to the print media, with 16 contacts and responses from the electronic media;
- 48 weekly employee newsletters were written and published;
- the statewide hospital newsletter, with a printing of 4,000 copies per issue, was written, published and distributed two times during the fiscal year;

- 99 information services were provided to various sources in the community;
- Through the Volunteer Services Department, 3,813 volunteers were recorded as contributing time and effort to the hospital;
- A total of 6,472 volunteer visits and visitors were recorded, with an estimated total number of 25,768 hours donated by the volunteers;
- During FY 1997, the Friends of Mississippi State Hospital organization increased its membership to 600. This organization contributed to the hospital throughout the fiscal year in the following ways: 1) sponsored four fund raisers throughout the year; 2) continued to sponsor the hospital employee recognition program; 3) sponsored several activities and programs for patients during the year such as the Fishing Rodeo, Senior Citizen Prom, Work Opportunity Banquet, Watermelon Festival and Ice Cream Day; 4) the Friends of MSH organization also sponsored a Membership Tea and an Independence Day Celebration;
- A total of 856 non-monetary donations were recorded during FY 1997, with an estimated value of \$189,191.94;
- During FY 1997, a total of \$19,000.95 was donated to the hospital by its supporters. These funds were utilized for patient activities.

Shadow Oak Campground is located on the grounds of MSH and is utilized daily by the patients of the hospital for therapeutic functions. The campground continued to be developed and utilized by the entire hospital community during FY 1997, as well as by civic and private organizations. Presentations about the campground site and the development of new campground projects were made at various conferences throughout the fiscal year. Also in FY 1997, a Learning Center was funded and was developed in the campground clubhouse.

During FY 1997, MSH contracted with Communications Arts Company in Jackson, MS, to develop plans and to outline the nucleus of needs for the MSH Museum, which will be located in the basement of Building 23. The theme of the museum, "History of the Treatment of Mental Illness," was also determined.

Throughout the fiscal year, the hospital sponsored several major public events: the Independence Day Celebration, the Serendipity Art Show and Silent Auction, the Christmas Program and MSH Day. Each of these events brought a response of approximately 1,000 supporters and participants.

**DEVELOP/
RETAIN
SUFFICIENT
NUMBER OF
QUALIFIED
STAFF**

During FY 1997, 266 interviews were scheduled with Registered Nurse (RN) applicants, and 156 interviews were conducted. A total of 294 interviews with Licensed Practical Nurse (LPN) applicants were scheduled, with 177 interviews being completed. The Nurse Recruiter attended 19 Career Day/Job Fair events and made 4,625 contacts at these functions. From these events and contacts, 1,045 letters were mailed to prospective nursing candidates.

For the entire hospital, there were 53 Registered Nurses and 31 Licensed Practical Nurses working on Educational Leave contracts during FY 1997.

Educational Leave Program recruitment activities in FY 1997 included: 1) 63 interviews were conducted for acceptance into the Educational Leave program; 2) there were 24 educational leave program applicants for Licenced Practical Nursing (LPN), 29 for Associate Degree Nursing (ADRN), nine (9) for Bachelor of Science in Nursing (BSRN) and one (1) for Speech Pathology; 3) Of these applicants interviewed, 14 were accepted for the LPN program, 19 for the ADRN program and six (6) for the BSRN program, with a total of 39 applicants entering the Educational Leave Program during FY 1997; 4) a total of 104 educational leave packets/applications were distributed from inquiries and calls received throughout the fiscal year.

The Psychiatric Nursing Services implemented and recruited the first Nurse Practitioner in February 1997.

Forty-six (46) behavioral technician positions were assigned to the Psychology Department for the purposes of expanding programming across all shifts and improving levels of patient care. In order to fill these positions, 250 applicants were interviewed and evaluated. A 16-hour orientation and training program was developed for the new staff who were assigned to the psychiatric units for patients with more severe behavioral problems.

Social work internships were offered to students considered to be potential employees. These individuals were then recruited when vacancies occurred.

Two psychiatrists were recruited for the Continued Treatment Services of the Psychiatric Services of the hospital.

A Recreation Coordinator for Jaquith Nursing Home was added during FY 1997 to enhance the leisure/activities program for the residents.

During FY 1997, orientation for new employees was provided in the following categories:

Employees - 2/4 Days	117
Employees - DCT/DCW and DCT/CNA	579
Nurses	147
TMAB - Certification	462
TMAB - Recertification	774
CPR - Certification	462
CPR - Recertification	791
Fire Safety	589
Body Mechanics	589
Vulnerable Adults Act	589
DCT/DCW Advancement Completed	286
DCT/CNA Advancement Completed	233
Nurse Affiliation Program:	
Nursing Schools Participating	40
Nursing Students Completed Rotation	2,600

The first two days of new employee orientation and training consists of an overview of the services of the hospital and topics such as personnel policies and procedures, insurance and benefits coverage, an overview of the Department of Mental Health and the services provided within the entire agency, an introduction to CQI and the hospital mission and core values. This orientation is provided and required for all new employees prior to the beginning of employment in assigned areas. The second two days are required for all new employees who will be working directly with patients and residents and includes training sessions for TMAB and CPR certification. Direct Care Trainees must successfully complete 80 hours (10 days) of training before they are upgraded to Direct Care Workers and can provide direct care to the patients of the Psychiatric Services and Whitfield Med-Surg Hospital. The Certified Nursing Assistant training consists of 112 hours or 14 days for all CNAs assigned to Jaquith Nursing Home.

All new nurses at MSH receive 80 hours or ten days of Nurse Orientation, and cross training and building orientation continues for five weeks after the initial 80-hour orientation.

During FY 1997, training and in-services were conducted through the Staff Development Department in the following areas: Infection Control, Body Mechanics, Patients Rights, Restraints, Anxiety Disorders, Elderly Psychoses, Teaching Adults, Vital Signs, Self Injurious Behavior, Personality Disorders, Therapeutic Communication, Cognitive Impairments, Motor Control,

Effective Delegation, Communication Skills, Effective Documentation, and Facilitation of Group Meetings.

Staff of the Psychiatric Services and Jaquith Nursing Home provided ongoing in-servicing and training for the employees of these services as well. Topics and training provided throughout this fiscal year included Fall Prevention, Hygiene and Grooming, Papoose Board, Memory Assessment, Nutrition, Safe Environment, R.A.C.E., Charting, Disturbed Patient, I.Q. Testing, Long Term Care, Time Out Protocol, Token Economy, Behavior Modification, Change of Duties, Communication with Patients, Post Mortem Care, Isolation, Behavior Monitoring, Accident Prevention, Angry Residents, Depressed Residents, Care of the Back, and Emergency Preparation.

**EXPAND
TRAINING
AFFILIATIONS**

Social Services established training affiliations with all the state universities that have social work degree programs. Students are accepted at the bachelors and advanced degree levels. The following internships were provided during FY 1997: University of Mississippi - 2, Mississippi Valley State University - 1, Delta State University - 1 and Jackson State University - 6.

Two (2) third-year medical students from osteopathic schools completed clinical rotations in the Medical Psychiatry Service.

The Community Services Stubbs Homeless Program provided training affiliation to three (3) social work students from Jackson State University and the University of Southern Mississippi.

Sixteen (16) students from the University of Southern Mississippi, Jackson State University, Millsaps, Cornell, the University of Mississippi and Delta State University completed psychology internship and/or externship placements at MSH.

Through the Psychology Department, a partnership was developed with the Clinical Training Department of the Jackson State University (JSU) Doctoral Clinical Psychology program. Three (3) JSU students completed assessment externships at MSH during FY 1997, with four (4) scheduled for FY 1998.

Two (2) Psychologists from MSH participated in the American Psychological Association (APA) survey for the University of Southern Mississippi and the University of Mississippi doctoral clinical psychology programs. An APA-approved internship, to be developed at MSH, was determined necessary during FY 1997, with the first intern arriving in FY 1998.

Every six weeks, tours for third-year University Medical Center medical students rotating through the Department of Psychiatry were conducted by the Assistant Clinical Director. Comprehensive tours were provided for the Family Medicine Interns of University Medical Center as a part of its curriculum of study.

ACCOMPLISHMENTS THROUGH THE BUREAU OF MENTAL RETARDATION IN FY 1997

The **Bureau of Mental Retardation** has the primary responsibility for the development and implementation of services to meet the needs of individuals with mental retardation/developmental disabilities. The Bureau provides a variety of services through the following divisions and comprehensive regional centers:

The **Division of Community Mental Retardation Services** is responsible for the development of community mental retardation programs established with state or federal funds other than Developmental Disabilities funds; for working with the comprehensive regional centers, the community mental health and mental retardation centers (CMHCs), and other service providers in the development of community programs for persons with mental retardation/developmental disabilities; for developing the "State Plan for Related Services and Supports for Individuals with Mental Retardation/Developmental Disabilities" and for supporting the Bureau of Mental Retardation State Plan Advisory Council.

Mississippi Developmental Disabilities Council The Department of Mental Health, Bureau of Mental Retardation serves as the Designated State Agency (DSA) for the Mississippi Developmental Disabilities Council. The DD Council members and the DSA are appointed by the Governor. The priority for utilization of DD Council Funds for the State of Mississippi, as well as for all states, is to develop new services and programs through demonstration approaches that can be replicated by others. Initiatives (service grants) are awarded to programs through an annual Request for Proposals (RFP) process. All initiatives are selected by the DD Council. The Council develops and approves the annual Developmental Disabilities State Plan, with input from the DSA.

The **Division of Accreditation and Licensure for Mental Retardation** is responsible for coordinating the development of licensure standards, certification/site visits, and compliance requirements for community programs and for working with the comprehensive regional centers for individuals with mental retardation to ensure quality of care and compliance with accreditation standards.

The **Comprehensive Regional Mental Retardation Centers** provide comprehensive institutional care through licensed intermediate care facilities for the mentally retarded (ICF/MR) or ICF/MR group homes. These facilities provide services in the following areas: psychology, social services, medical, nursing, recreation, special education, speech therapy, occupational therapy, physical therapy, audiology, and vocational or work training.

The comprehensive regional mental retardation centers are also a primary vehicle for delivering community services to the various counties throughout Mississippi. In the community setting, the comprehensive regional mental retardation centers provide living arrangements including group homes, supervised apartments, and supported living arrangements. The centers also provide services for older adults with mental retardation/developmental disabilities, diagnostic and evaluation services,

employment services, early intervention services, work activity services, case management services, Home and Community-Based Services - MR/DD Waiver, and transitional training services.

System of Services for Individuals with Mental Retardation/Developmental Disabilities

The Bureau of Mental Retardation continues to focus on the development of an array of appropriate services to individuals in Mississippi with mental retardation/developmental disabilities. This public service delivery system is comprised of five state-operated comprehensive regional centers for individuals with mental retardation/developmental disabilities, the 15 regional community mental health/mental retardation centers, and other nonprofit community agencies/organizations that provide community services. The comprehensive services concept on a regionalized basis offers a high degree of local input into program development. At the same time, this operational philosophy facilitates departmental supervision and monitoring of activities to assure best practices of service development and delivery. The concept also assures proactive implementation of the philosophy of quality residential and community care within a comprehensive service continuum.

State-Operated Comprehensive Regional Centers for Individuals with Mental Retardation/Developmental Disabilities

Mississippi operates five comprehensive regional mental retardation centers for individuals with mental retardation/developmental disabilities for whom it is determined that these centers provide the necessary level of care. The regional centers provide comprehensive institutional care through licensed intermediate care facilities for the mentally retarded (ICF/MR) or ICF/MR group homes. The regional centers are:

- Boswell Regional Center in Sanatorium,
- Ellisville State School in Ellisville,
- Hudspeth Regional Center in Whitfield,
- North Mississippi Regional Center in Oxford,
- South Mississippi Regional Center in Long Beach.

Pages 7-8 contain a listing and map showing the regions or "catchment areas" served by each regional center. These comprehensive centers provide a system of services which, while varying slightly in each facility, includes the following:

Information and Referral
Diagnostic and Evaluation Services
Treatment
Day Activities
Training
Education
Sheltered Employment
Recreation and Leisure
Living Arrangements

Counseling
Follow Along
Protective & Other Social Services
Transportation
Medical
Pharmacological
Dental
Volunteer
Community Programs

The five comprehensive regional mental retardation centers serving Mississippians are distributed geographically by regions throughout the state: North Mississippi Regional Center in Oxford serves 23 counties; Hudspeth Regional Center at Whitfield serves 22 counties; South Mississippi Regional Center in Long Beach serves 6 counties; Boswell Regional Center in Sanatorium serves as a transitional training center for adults with mental retardation from across the state; and, Ellisville State School in Ellisville serves 31 counties. Ellisville State School is the only comprehensive regional mental retardation center to serve children under 5 years of age with severe/profound mental retardation and for whom residential services are determined appropriate.

Boswell Regional Center, Ellisville State School, Hudspeth Regional Center, North Mississippi Regional Center and South Mississippi Regional Center also operate Community Services Divisions which provide transitional, community-based programs within their respective service or catchment areas. The facilities operate group homes for adults with mental retardation, retirement homes for older adults with mental retardation/developmental disabilities, supervised apartment services, supported living, case management, early intervention/child development, work activity, employment programs, and Home and Community Based - MR/DD Waiver Services.

Regional Community Mental Health/Mental Retardation Centers (CMHCs)

The fifteen (15) multi-county regional community mental health/mental retardation centers operate under the supervision of Regional Commissions appointed by each county Board of Supervisors comprising their respective catchment areas. The governing authorities are autonomous and considered regional and not state level entities. Each Regional Commission operates a main regional center which is usually located centrally in a more populated area of the region. The Commissions also operate satellite centers or offices in some of the other counties in their regions. The Department of Mental Health is responsible for certifying, monitoring, and assisting the regional community mental health/mental retardation centers. The funds for these centers are provided through local tax dollars, client fees charged on a sliding fee scale (based on income), third party payment including Medicaid, grants from other service agencies, service contracts, and donations. Additionally, the regional mental health/mental retardation centers receive state and federal funds through purchase of service contracts or grants from the Department of Mental Health.

Other Nonprofit Service Agencies/Organizations

Some private/public nonprofit agencies also receive funding through the Department of Mental Health, Bureau of Mental Retardation to provide community-based services. In general, these nonprofit corporations receive additional funding from other sources, such as grants from other state agencies or community service agencies and donations.

Components of the Service System for Adults with Mental Retardation/Developmental Disabilities

ASSISTIVE TECHNOLOGY

Assistive Technology services are designed to provide individuals with disabilities assistance with selection, acquisition, and use of appropriate technology to meet their specific needs for communication, mobility, learning, daily living, and environmental control. The purpose of the services is to help increase and improve the ability of an individual to participate fully in daily activities at school or work and at home. The array of services available includes evaluation of an individual's assistive technology needs, demonstration of assistive technology devices, and training on the use of specific assistive technology for the individual, family and other service providers.

CASE MANAGEMENT

Case management services are performed, provided, or otherwise accessed to assist individuals with mental retardation/developmental disabilities in achieving maximum use of available community resources which enable them to be self-sufficient and remain in the community. These services include: follow-along services which ensure a continuing relationship, lifelong, if necessary, between a provider and a person with mental retardation/developmental disabilities and the person's immediate relatives or guardians; coordination services which provide support, access to, and coordination of other services; information on programs and services and monitoring of progress. An assessment of individual needs provides information on the services being provided and additional service needs of the individual.

Overall, case management services assist persons with mental retardation/developmental disabilities in accessing services in the community to meet medical, social, educational, and recreational needs. Critical to the implementation of case management is the role of the case manager who is the individual with the primary responsibility for facilitating the process that enables the client to access the necessary services in the community. This facilitation can be indirect with some case managers functioning at a regional level at which supervision is given to the local case manager; or, it can be direct with the case manager directly assisting the individual with accessing the necessary services.

Regional Case Management systems have been established to assist the state's population of individuals with mental retardation/developmental disabilities in securing appropriate services. It is the responsibility of the case managers to assist individuals in obtaining services and to provide continuous follow-along, information and referrals, and the coordination of support services.

**DIAGNOSTIC
AND
EVALUATION
SERVICES**

Diagnostic/Evaluation services include psychological, social, medical, and other services necessary to identify the presence of mental retardation/developmental disability, its cause and implications, and to determine the extent to which it is likely to affect the person's daily living and work activities. Recommendations for services and supports are also made based on an individual's identified needs. The Diagnostic Services Departments available through each of the five (5) comprehensive regional mental retardation centers continue to improve testing procedures and report formats to meet requirements of the Division of Medicaid and State Department of Education regulations and have decreased the time to generate and disseminate reports. The Diagnostic Services teams work closely with regional case managers who may be present during evaluations and staffing conferences to facilitate provision of appropriate services after the evaluation.

**SERVICES
FOR
OLDER
ADULTS
WITH MR/DD**

Concern for meeting the service needs of the older adult with mental retardation/developmental disabilities is significant in Mississippi as the Department of Mental Health addresses the development of an appropriate array of services for all ages. Services in the community for persons 55 years of age and older with mental retardation/developmental disabilities are developing toward providing a viable alternative for this aging population outside traditional placements in nursing homes and intermediate care facilities. Service components include retirement homes, as well as other types of living situations, such as living in one's own home with minimal assistance/support, in a supervised apartment, or in a group home. Other components of older adult services include day activities and support services, such as volunteer support, recreation and leisure education, food/nutritional assistance, transportation, and health care evaluation and monitoring. A significant service component for accessing and providing continuity of services is case management.

**EMPLOYMENT
VOCATIONAL
SERVICES**

Work Activity services for persons 16 years and older with mental retardation/developmental disabilities are designed to provide training that will enable these individuals to function more independently and become as self-sufficient as possible, while preventing institutional placement or reinstitutionalization. The services offered provide for the acquisition of necessary work skills and employment opportunities to allow the individual to remain in the community in a group home, supervised apartment, or supported living environment, with the family, or in an independent living arrangement. The training provided in the work activity program is directed toward increasing productivity and enabling individuals with mental retardation/developmental disabilities to gain more independence and dignity within their own community.

Each individual entering work activity services receives an evaluation of his/her vocational potential and adjustment factors. Information from this evaluation is utilized to develop an individualized plan that identifies the individual's strengths and needs relative to working. From this information, needs for supports are determined within a self-sufficiency framework (the degree to which the individual requires supervision in order to function successfully with the particular work).

**EMPLOYMENT
RELATED
SERVICES**

Employment Related services include those activities that will increase independence, productivity, or integration of a person with mental retardation/developmental disabilities in work settings. Services provided include employment preparation and vocational training leading to employment, incentive programs for employers who hire persons with mental retardation/developmental disabilities, services to assist in transition from special education to employment, and services to assist in transition from sheltered work settings to supported employment settings or competitive employment.

**FAMILY
SUPPORT
GROUPS**

Family Support Groups are designed to provide support for the family of individuals with mental retardation/developmental disabilities and to reinforce and strengthen the ability of the client and the family to secure services which meet their needs.

**LIVING
ARRANGEMENTS
SERVICES**

Living Arrangements include services which assist persons with mental retardation/developmental disabilities in maintaining or increasing their ability to be self-sufficient.

The specific housing arrangements within this service component include group homes, supervised apartments, supported living, and independent living. Areas of training within community living include: (1) self-help/personal hygiene skills; (2) environmental maintenance and home living skills, i.e., use of generic service providers such as the health department and emergency assistance; (3) employment skill development, i.e., acquisition and utilization of transportation to and from the job and time management; (4) appropriate socialization skills, i.e., conversational skills and making and keeping friends, and (5) appropriate use of leisure or recreation time.

The types of community-living arrangements include:

Group Homes for Adults with mental retardation/developmental disabilities provide 24-hour support and training for persons living in the group home. The home-like settings provide opportunities for individuals to achieve or maintain independence or interdependence in many areas of daily life,

including self-help skills, emergency management, management of appointments with other services and programs, use of medications, meals and nutrition, recreation and leisure activities, and participation in a range of individually desired and functionally appropriate activities and services in the community. This type of community living arrangement requires on-site coordinators who have special training to function in their particular roles.

Supervised Apartments is a type of community living arrangement for adults with mental retardation/developmental disabilities who choose to live in an apartment setting with other adults with mental retardation/developmental disabilities without live-in coordinators. Supervision and habilitative training are provided as needed by the individual. Community living coordinators live close by but not in the apartment of the individual with mental retardation/developmental disabilities.

Supported Living Arrangements in the community for adults with mental retardation/developmental disabilities include any independent living situation in which they are able to maintain themselves satisfactorily without organized supervision or training. A person living in this type of arrangement in the community may be enrolled in a case management program and receive assistance with accessing outside services.

Specialized Living Arrangements for Older Adults with MR/DD are available. To serve the needs of older adults with mental retardation/developmental disabilities, the Mississippi Department of Mental Health, Bureau of Mental Retardation operates two retirement homes through Boswell Regional Center and one through Ellisville State School. These homes are located in Magee, Mendenhall, and Laurel, Mississippi. The retirement homes provide an excellent alternative to traditional group home placement. Programs are designed to offer individuals the alternative of retirement and activities that continue to maintain and improve quality of life. Individuals must be at least 55 years of age and continue to participate in monthly nursing assessments. The programs further include annual leisure assessments and structured program options to provide for an enthusiastic and stimulating environment. All retirement homes are supervised 24 hours a day throughout the year by staff that monitor the changing needs of the individuals.

Individuals living in Retirement Homes are involved in community programs such as church groups, Retired Senior Volunteer Programs, and community nutrition sites. Their psychosocial interaction with the members of these programs provide excellent peer relations and support.

There are also three (3) ICF/MR licensed group homes that offer retirement opportunities. North Mississippi Regional Center has one home in Fulton, and South Mississippi Regional Center has two homes in Wiggins.

Comprehensive Regional Facilities for Individuals with Mental Retardation/Developmental Disabilities provide a full array of services for persons with mental retardation. For those individuals who require residential living arrangements on a full time basis, admission to a residential unit may be recommended. In addition to providing a supervised 24-hour setting, the regional facility provides active treatment for those individuals, involving a range of personal care, training/educational/vocational, recreational, social, medical, and counseling services (based on individual strengths/needs). These services include a variety of needed support services to meet special needs.

The level of care provided in units at the comprehensive regional mental retardation centers meets the requirements for intermediate care facilities for persons with mental retardation (ICFs/MR). Persons living at the ICFs/MR participate in individualized programs which are developed through a comprehensive interdisciplinary evaluation and program planning/monitoring process. Information from parents and other family members is integrated into this plan. The interdisciplinary staff may include professionals in audiology, medical/nursing, nutrition, psychology, social work, speech pathology, recreation, physical therapy, occupational therapy, and education.

Training programs can include activities and opportunities for developing skills in daily living; enhancing emotional, personal, and social development; providing experiences needed to gain useful and meaningful occupational or employment skills and structured academic experiences through a varied curriculum. Recreational programs provide a range of activities and opportunities to explore and further develop interests and skills in use of leisure time, as well as to enhance social interaction, self-expression, and personal well-being. Professional staff also offer guidance in special skill areas needed to achieve specific goals. Individuals receive help in identifying and understanding personal goals and in solving problems that interfere in working toward those goals or in other areas of daily life.

RESPITE SERVICES

Respite services include the services offered at the comprehensive regional centers, as well as community-based respite services. Short-term respite is one of the most sought after services provided by the comprehensive regional mental retardation centers for individuals with mental retardation who live at home with their families. This service component for individuals with mental retardation/developmental disabilities is short term, generally not exceeding a period of 60 to 90 days (except HCBS-MR/DD Waiver ICF/MR respite

services cannot exceed 30 days). Services are available on an emergency or planned basis when temporary intensive specialized care such as medication monitoring, etc., is needed. Respite Services are also utilized for a client when the family needs respite from providing ongoing supervision and care for the relative with mental retardation/developmental disabilities.

**PROTECTION
AND
ADVOCACY**

Client advocacy and protection for the individual with mental retardation/developmental disabilities in the Department of Mental Health, Bureau of Bureau of Mental Retardation's comprehensive service system are accomplished through the following approaches and/or services: case management, family support and education programs, investigator/advocate staff at the five comprehensive mental retardation centers, and the Mississippi Protection and Advocacy System for the Developmentally Disabled.

**QUALITY
ASSURANCE
SERVICES**

The Bureau of Mental Retardation promotes the provision of quality services to meet the needs of individuals with mental retardation/developmental disabilities. At the same time, the Bureau realizes there is a responsibility to the public to provide assurances that other external monitoring agencies concur with the quality of such services. The Bureau of Mental Retardation's comprehensive regional centers are monitored by numerous agencies as follows: Mississippi Department of Health, Division of Health Facilities Licensure and Certification; Governor's Office, Division of Medicaid; Southern Association of Colleges and Schools; and Mississippi State Department of Education, Office of Special Education.

In addition to external monitoring agencies, a major internal quality assurance responsibility also lies within the Bureau of Mental Retardation. Within the Bureau of Mental Retardation, its monitoring teams regularly visit and review the community services programs for compliance with the Department of Mental Health Minimum Standards for Community Mental Health/Mental Retardation Services and the "Bureau of Mental Retardation/Developmental Disabilities Client Record Guide."

Components of the Service System for Children with Mental Retardation/Developmental Disabilities

ASSISTIVE TECHNOLOGY

Assistive Technology services are designed to provide individuals with disabilities assistance with selection, acquisition, and use of appropriate technology to meet their specific needs for communication, mobility, learning, daily living, and environmental control. The purpose of the services is to help increase and improve the ability of an individual to participate fully in daily activities at school or work and at home. The array of services available includes evaluation of an individual's assistive technology needs, demonstration of assistive technology devices, and training on the use of specific assistive technology for the individual, family and other service providers.

CASE MANAGEMENT

Case Management services are performed, provided, or otherwise accessed to assist individuals with mental retardation/developmental disabilities in achieving maximum use of available community resources which enable them to be self-sufficient and remain in the community. These services include: follow-along services which ensure a continuing relationship, lifelong, if necessary, between a provider and a person with mental retardation/developmental disabilities and the person's immediate relatives or guardians; coordination services which provide support, access to, and coordination of other services; information on programs and services and monitoring of progress. An assessment of individual needs provides information on these services being provided and additional service needs of the individual.

Overall, case management services assist persons with mental retardation/developmental disabilities in accessing services in the community to meet medical, social, educational, and recreational needs. Critical to the implementation of case management is the role of the case manager who is the individual with the primary responsibility for facilitating the process that enables the client to access the necessary services in the community. This facilitation can be indirect with some case managers functioning at a regional level at which supervision is given to the local case manager; or, it can be direct with the case manager directly assisting the individual with accessing the necessary services.

Regional Case Management systems have been established to assist the state's population of individuals with mental retardation/developmental disabilities in securing appropriate services. It is the responsibility of the case managers to assist individuals in obtaining services and to provide continuous follow-along, information and referrals, and the coordination of support services.

**DIAGNOSTIC
AND
EVALUATION**

These services include psychological, social, medical, and other services necessary to identify the presence of mental retardation/developmental disability, its cause and implications, and to determine the extent to which it is likely to affect the person's daily living and work activities. Recommendations for services and supports are also made based on an individual's identified needs.

The Diagnostic Services Departments available through each of the five (5) comprehensive regional mental retardation centers continue to improve testing procedures and report formats to meet requirements of the Division of Medicaid and State Department of Education regulations and have decreased the time to generate and disseminate reports. The Diagnostic Services teams work closely with regional case managers who may be present during evaluations and staffing conferences to facilitate provision of appropriate services after the evaluation.

**FAMILY
SUPPORT
GROUPS**

Family Support Groups are designed to provide support for the families of children with mental retardation/developmental disabilities and to reinforce and strengthen the ability of the family to secure services which meet their needs. For a child, the family is the only significant social institution for the first years of his/her life, and for most adults, the family continues to play an important role in their lives. Individuals with mental retardation/developmental disabilities have the same needs as all children and adults (i.e., physical, emotional, educational, and social). However, in some cases, the support they require may be more intensive. Therefore, agencies and/or programs established to meet specific needs of individuals with mental retardation/developmental disabilities and their families are important to family support. The availability of adequate service resources enables the individual with mental retardation/developmental disabilities to become as independent as possible while enhancing his/her family's support.

**EARLY
INTERVENTION/
CHILD
DEVELOPMENT**

All early intervention/child development programs for children with mental retardation/developmental disabilities provide activities which promote development of intellectual, physical, emotional, and social growth of children as well as parent support and education. The programs are intended to supplement parental care through a program of planned developmental experiences which assist the child from birth to age four in developing improved functioning levels and increasing the potential for self-sufficiency in the future. The service is also intended to assist parents in maintaining their children in the home by providing information and activities about each individual child's needs and how to meet those needs, thus avoiding institutional care. Each child entering the service receives an individualized evaluation. This evaluation assesses the child's capabilities and identifies

needs. The results are utilized by the family and staff to develop an individual plan to address areas of need as well as to determine any specialized services the child may need. The plans are reevaluated at least annually and serve as the basis for services the child receives.

Depending on each child's needs, center-based services, home-based services, and outreach services are available. Center-based services include a balance of individual and small group sessions. The setting for the services is conducive to maturation and learning and includes materials, toys and equipment to stimulate, motivate, and entice the child to explore his/her surroundings. Special adaptive equipment is also available as needed for children with severe physical disabilities.

Additionally, home-based and outreach services are available in some of the programs. Home-based services provide support for families by having program staff come to the home to assist parents in incorporating developmental activities into the child's daily routines. In outreach services, program staff provide support/training to the child and other providers in natural settings such as day cares.

LIVING ARRANGEMENT SERVICES

The comprehensive regional mental retardation centers provide a full array of services for persons with mental retardation/developmental disabilities. For those individuals who require residential living arrangements on a full time basis, admission to a residential unit may be recommended. In addition to providing a supervised 24-hour setting, the regional facility provides active treatment for those individuals. This treatment involves a range of personal care, training/educational/vocational, recreational, social, medical, and counseling services (based on individual strengths and needs). These services include a variety of needed support services to meet special needs.

The level of care provided in units at the comprehensive regional mental retardation centers meets the requirements for intermediate care facilities for persons with mental retardation (ICFs/MR). Persons living at the ICFs/MR participate in individualized programs which are developed through a comprehensive interdisciplinary evaluation and program planning/monitoring process. Information from parents and other family members is integrated into this plan. The interdisciplinary staff may include professionals in audiology, medical/nursing, nutrition, psychology, social work, speech pathology, recreation, physical therapy, occupational therapy, and education.

Training programs can include activities and opportunities for developing skills in daily living; enhancing emotional, personal, and social development; providing experiences needed to gain useful and meaningful occupational or

employment skills, and structured academic experiences through a varied curriculum. Recreational programs provide a range of activities and opportunities to explore and further develop interests and skills in use of leisure time, as well as to enhance social interaction, self-expression, and personal well-being. Professional staff also offer guidance in special skill areas needed to achieve specific goals. Individuals receive help in identifying and understanding personal goals and in solving problems that interfere in working toward those goals or in other areas of daily life.

The Bureau of Mental Retardation has certified special education teachers and State Department of Education-approved programs at the four (4) regional centers for individuals with mental retardation/developmental disabilities that serve persons below the age of twenty-two (22) years. The programs at Ellisville State School, Hudspeth Regional Center, North Mississippi Regional Center, and South Mississippi Regional Center are all accredited by the Southern Association of Colleges and Schools (SACS) and State Department of Education.

**RESPITE
SERVICES**

Respite services include those services offered at the comprehensive regional centers for persons with mental retardation, as well as community-based respite programs. Short term respite is one of the most sought after services provided by the comprehensive regional mental retardation centers for individuals with mental retardation who live at home with their families. This service component for children with mental retardation/developmental disabilities is short term, generally not exceeding a period of 60 to 90 days (except HCBS-MR/DD Waiver IFC/MR respite services cannot exceed 30 days). Services are available on an emergency or planned basis when temporary intensive specialized care such as medication monitoring, etc., is needed. Respite services are also utilized for a client when the family needs respite from providing ongoing supervision and care for the relative with mental retardation/developmental disabilities.

**PROTECTION
AND ADVOCACY
SERVICES**

Client advocacy and protection for the children with mental retardation/developmental disabilities in the Department of Mental Health, Bureau of Mental Retardation's comprehensive service system are accomplished through the following approaches and/or services: case management, family support and education programs, investigator/advocate staff at the five comprehensive mental retardation centers, and the Mississippi Protection and Advocacy System for the Developmentally Disabled.

**QUALITY
ASSURANCE
SERVICES**

The Bureau of Mental Retardation promotes the provision of quality services to meet the needs of individuals with mental retardation/developmental disabilities. At the same time, the Bureau realizes there is a responsibility to the public to provide assurances that other external monitoring agencies concur with the quality of such services. The Bureau of Mental Retardation's comprehensive centers are monitored by numerous agencies as follows: Mississippi Department of Health, Division of Health Facilities Licensure and Certification; Governor's Office, Division of Medicaid; Southern Association of Colleges and Schools; and, Mississippi State Department of Education, Office of Special Education.

In addition to external monitoring agencies, a major internal quality assurance responsibility also lies within the Bureau of Mental Retardation. Within the Bureau, its monitoring teams regularly visit and review the community services programs for compliance with the Department of Mental Health Minimum Standards for Community Mental Health/Mental Retardation Services and the "Bureau of Mental Retardation/Developmental Disabilities Client Record Guide".

Home and Community Based Services Waiver (Adults and Children)

The Department of Mental Health and the Division of Medicaid have developed a Home and Community Based Services - MR/DD Waiver (HCBS - MR/DD) to provide home and community-based services to individuals with mental retardation/developmental disabilities who would be eligible for services in an Intermediate Care Facility for persons with mental retardation (ICF/MR) if these services were not available.

Services available in FY 1997 through the HCBS-MR/DD Waiver:

1. Personal Care Services

Personal care services are defined as assistance with eating, bathing, dressing, personal hygiene, and activities of daily living. These services may include assistance with preparation of meals, but do not include the cost of the meals themselves. When specified in the plan of care, this service may also include such housekeeping chores as bed making, dusting, and vacuuming, which are essential to the health and welfare of the recipient.

2. Respite Care

Respite care is defined as a service given to an individual unable to care for him/herself, which is provided on a short-term basis because of the absence or need

for relief of those persons normally providing the care. Respite care can be provided in a consumer's home or in an approved facility. Federal Financial Participation (FFP) will not be claimed for the cost of room and board except when provided as part of respite care in a facility approved by the State that is not a private residence.

3. Residential Habilitation

Residential habilitation is defined as assistance with acquisition, retention or improvement in skills related to activities of daily living, such as personal grooming and cleanliness, bed making and household chores, eating and the preparation of food, and the social and adaptive skills necessary to enable the individual to reside in a non-institutional setting. Payments for residential habilitation are not made for room and board, the cost of administering a facility or group home, or the costs of facility maintenance, upkeep, and improvement, other than such costs for modification or adaptations to a facility required to assure the health and safety of residents or to meet the requirements of the applicable life safety code. Payment for residential habilitation does not include payments made, directly or indirectly, to members of the recipient's immediate family. Payments will not be made for the routine care and supervision which would be expected to be provided by a family or group home provider or for activities or supervision for which a payment is made by a source other than Medicaid.

4. Day Habilitation - Child

Day habilitation - Child is defined as assistance with acquisition, retention, or improvement in self-help, socialization and adaptive skills which takes place in a non-residential setting, separate from the home or facility in which the recipient resides for children birth to twenty-one (0-21) years of age. Services shall normally be furnished 5 or more hours per day on a regularly scheduled basis, for 1 or more days per week, unless provided as an adjunct to other day activities included in the recipient's plan of care. Day habilitation services shall focus on enabling the individual to attain his or her maximum functional level and shall be coordinated with any physical, occupational, or speech therapies listed in the plan of care. In addition, day habilitation services may serve to reinforce skills or lessons taught in school, therapy, or other settings. Day habilitation services may not be used in lieu of school services. School services are defined to include those required to be provided during the regular school program or extended school year program. School service also includes services provided as home-bound or any services that are required as a portion of the "Free and Appropriate Public Education" program as provided for in Federal Law.

5. Day Habilitation- Adult

Day habilitation - Adult is defined as assistance with acquisition, retention, or improvement in self-help, socialization and adaptive skills which takes place in a non-residential setting, separate from the home or facility in which the recipient resides. Services shall normally be furnished not less than 5 or more hours per day on a regularly scheduled basis, for 1 or more days per week, unless provided as an adjunct to other day activities included in the recipient's plan of care. Day habilitation services shall focus on enabling the individual to attain his or her maximum functional level and shall be coordinated with any physical, occupational, or speech therapies listed in the plan of care.

6. Prevocational

Prevocational services are a facility-based service system that provides training not available from a program funded under section 110 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act (IDEA). These services are aimed at preparing an individual for paid or unpaid employment, but are not job task oriented. These services include teaching such concepts as compliance, attending, task completion, problem solving and safety. Prevocational services funded under the Home and Community-Based Service Waiver are available only to individuals who have previously been discharged from a SNF, ICF, NF or ICF/MR.

7. Supported Employment Services

Supported employment services consist of paid employment for persons for whom competitive employment at or above the minimum wage is unlikely, and who, because of their disabilities, need intensive on-going support to perform in a work setting. Supported employment is conducted in a variety of settings, particularly work sites in which persons without disabilities are employed. Supported employment includes activities needed to sustain paid work by waiver clients, including supervision and training. When supported employment services are provided at a work site in which persons without disabilities are employed, payment will be made only for the adaptations, supervision and training required by waiver recipients as a result of their disabilities, and will not include payment for the supervisory activities rendered as a normal part of the business setting.

8. Physical Therapy, Occupational Therapy, Speech/Language/Hearing Therapy

Physical therapy, occupational therapy, and speech/language/hearing therapy are available through the waiver to persons who are not eligible for these services under IDEA. These therapy services are not limited to a specific service setting such as the home or clinic, as these services are under the regular Medicaid state plan

services. Providers of these services must be licensed according to state law and must sign a provider agreement with the Department of Mental Health, stating that they agree to adhere to the Bureau of Mental Retardation Record Guide for the HCBS - MR/DD Waiver and the HCBS - MR/DD Waiver Operations Manual.

Any service provided through the HCBS - MR/DD Waiver must meet state standards.

Progress and Service Highlights in FY 1997
Services for Individuals with Mental Retardation/Developmental Disabilities

The State Plan for Department of Mental Health Related Services for Individuals with Mental Retardation /Developmental Disabilities reflects the Department of Mental Health, Bureau of Mental Retardation's long-range goals and annual objectives to maintain and enhance existing services, as well as to continue expansion of services in the state. These objectives are steps in building and improving a comprehensive array of service options available statewide to individuals with mental retardation/developmental disabilities and their families. This section of the annual report summarizes progress and special initiatives addressed in that State Plan, as well as accomplishments of the Mississippi Developmental Disabilities Council.

**AWARENESS/
PREVENTION
(Awareness)**

March 1997 was proclaimed MR/DD Awareness Month in Mississippi by Governor Kirk Fordice. Service providers across the state provided public awareness and education activities and special events to educate people in their communities about mental retardation/developmental disabilities and the availability of services. Examples of public awareness activities conducted during MR/DD Awareness Month by the five regional centers (and other community service providers) include:

Boswell Center: Articles were placed in local papers in Brookhaven and Magee to make the communities aware of MR/DD Month. Boswell Regional Center had a display table at "Day at the Capitol." ("Day at the Capitol" is an annual observance which is held at the State Capitol. During this time, various MR/DD programs set up display tables to provide information about their programs and to promote the capabilities of individuals with mental retardation/developmental disabilities.)

Ellisville State School: A ribbon-cutting and open house were held at the MIDD Laurel Sheltered Workshop, which employs community and facility clients. Ellisville State School's Employee of the Year program was held during this month. Ellisville had a display table at "Day at the Capitol."

Hudspeth Regional Center: A representative from Hudspeth made a presentation at Mississippi Christian Family Services in Rolling Fork, MS. Public Service Announcements describing the Early Intervention Program's services were sent to all newspapers in Hudspeth's catchment area. Hudspeth Regional Center had a display table at "Day at the Capitol."

North MS Regional Center: Events at Briar Ridge in Tupelo, MS; Rosedale in Fulton, MS, and Haven Homes and DeSoto Industries in

Hernando, MS, provided information to local communities about NMRC's programs and activities. Additionally, a news release about NMRC programs was provided to the local media. North MS Regional Center had a display table at "Day at the Capitol."

South MS Regional Center: Two open houses were held, one at River Country Enterprises and one at Picayune Industries. Informational exhibits were held at the Gulfport Library (Biloxi Industries) and the Gulfport Factory Outlet Mall (Project Partnerships for Responsive Intervention Newborn to School (PRINTS)). Certificates of Appreciation were presented to area businesses and civic support groups. Media involvement included coverage of Biloxi Industries by a local television station, an editorial in a local newspaper on MR/DD Awareness Month and a feature article in a local newspaper on River Country Enterprises. Additionally, SMRC staff made two presentations during the month. Other activities included the following: Project PRINTS Easter Egg Hunt and letter campaign, an SMRC Easter activity, the honoring of SMRC volunteers, and SMRC's display table at "Day at the Capitol."

Other community service providers: During March 1997, the ARC of Forrest County held its annual membership drive, held fund raisers, and encouraged churches to focus attention on the needs/abilities of individuals with mental retardation/developmental disabilities. Yazoo Multi-Flex, a part of Warren-Yazoo Community Mental Health Center, completed the following activities for Mental Retardation/Developmental Disabilities Awareness Month: held an entertainment program for residents of Heritage Manor Nursing Home and held a Family Day for Yazoo Multi-Flex clients and families. Additionally, Yazoo Multi-Flex clients participated in the Special Olympics Track and Field Competition in Vicksburg, MS, in March 1997. Also, these organizations, in addition to the ARC of Jones County and MIDD-Meridian, were highlighted in local newspapers during March 1997.

The five regional centers for persons with mental retardation engaged in additional public awareness/education activities in FY 1997, as follows:

Boswell Regional Center: BRC provided and/or participated in the following public awareness activities during the year: publication of an internal (for employees) newsletter (8 issues/year); distribution of brochures/other printed material about services; staff presentations at civic/other community groups' meetings/events; staff presentations at professional meetings; special presentations/meetings for family members

of clients, and training of students from universities or community colleges.

Ellisville State School: ESS provided and/or participated in the following public awareness activities during the year: internal (for employees) newsletter (12 issues/year); external newsletter (1 issue/year); distribution of brochures/other printed material about services; staff presentations at civic/other community groups' meetings/events; staff presentations at professional meetings; special presentations/meetings for family members of clients; training of students from universities or community colleges; provided tours for the general public, and invited community leaders and other dignitaries to ground-breaking and open house ceremonies held in FY 1997.

Hudspeth Regional Center provided and/or participated in the following public awareness activities during the year: external newsletter (4 issues/year); distribution of brochures/other printed material about services; staff presentations at professional meetings; special presentations/meetings for family members of clients, and training of students from universities or community colleges.

North MS Regional Center provided and/or participated in the following public awareness activities during the year: internal (employees only) newsletter (50 issues/year); external newsletter (4 issues/year); distribution of brochures/other printed material, staff presentations at civic/other community groups/organizations' meetings/events; special presentations/meetings for family members of clients; training of students from universities or community colleges; conducted a volunteer orientation; provided tours of NMRC and community programs and published quarterly external newsletters which were distributed by individual departments of NMRC.

South MS Regional Center provided and/or participated in the following public awareness activities during the year: internal (for employees) newsletter, *Centerlines* (12 issues/year) and Project PRINTS Newsletter (7 issues/year); external newsletter, *Soundings* (2 issues/year) and Project PRINTS Newsletter (4 issues/year); the distribution of brochures/other printed material about services, including:

- SMRC service area map
- SMRC brochure, "Living, Learning and Working in the Community of SMRC"
- SMRC Report to the MS State Board of Mental Health (June 1997)
- SMRC brochure, "Supported Employment"

- SMRC brochure about the Home and Community-Based Waiver Program

SMRC staff made approximately 13 presentations at civic/other community groups/organizations' meetings/events in FY 1997; SMRC staff made presentations at the following professional meetings:

- 1996 MECA Annual Conference (October 1996)
- SEAAMR Conference (November 1996)
- International Early Childhood Conference (December 1996)
- American Association on Mental Retardation Annual and Chapter Meetings (May 1997 and October 1997)

SMRC staff also made special presentations/held meetings for family members of clients during FY 1997 including:

- SMRC Client Graduation (June 1997)
- SMRC Annual Parents Association Picnic (June 1997)
- Wiggins Community Homes Family International Meeting (August 1996)
- 30 presentations/meetings for family members of clients attending Project PRINTS (Early Intervention Program)

SMRC staff also participated in the training of students from universities or communities colleges during FY 1997. Other public awareness activities included: Robert L. Lott Community Homes participated in a local welfare office job training/placement program; SMRC staff participated in volunteer programs/services, including the United Way Campaign and the March of Dimes Walk-A-Thon; Project PRINTS (Early Intervention Program) was featured on three separate occasions in local newspapers, and 948 hours of volunteer service were donated to SMRC's Long Beach Campus.

The following is an overview of educational activities conducted and/or information disseminated by the regional facilities during FY 1997 in the areas of the Americans with Disabilities Act (ADA), client rights and assistive technology:

Boswell Regional Center: BRC provided each new client (and each parent) a copy of their rights as a resident of a mental health facility in MS. BRC also conducted small group training sessions to further help clients understand their rights. Additionally, MS Protection and Advocacy conducts quarterly visits to the clients served by the facility to discuss their rights with them.

Ellisville State School: ESS staff attended in-services about the ADA and client rights. ESS's Assistive Technology Department presented information about available services/devices to staff and parent groups.

Hudspeth Regional Center: Information about HRC's Assistive Technology Unit was disseminated to parents, school officials, care givers and other interested individuals.

North MS Regional Center: Information about the ADA, client rights, and assistive technology services was provided during facility tours, staff speaking engagements, and through published brochures/informational sheets. During diagnostic and evaluation services, NMRC case managers provided information about client rights to clients and families requesting case management services or placement on the Alternative Living Arrangement waiting list.

In FY 1997, NMRC's Technology Assistive Device (TAD) Center provided evaluations to 118 individuals in the areas of augmentative communication, general assistive technology, computer access and computer-assisted instruction and positioning and mobility.

Approximately 354 different services were provided to these clients, including demonstrations and onsite equipment training, software recommendations, and fabrication of light tech systems. Additionally, the TAD center provided demonstrations of assistive technology applications to approximately 739 clients, families, and professionals and approximately 594 telephone consultations for assistive technology support. Training on specific assistive technology services/devices was provided to approximately 383 professionals and preprofessionals, including lectures for the University of Mississippi Special Education, Communicative Disorders Department and pre-Occupational/Physical Therapy courses. TAD staff provided 8 major presentations at conferences including the National AAMR, SEAAMR, MS AAMR, MSHA, and workshops for the MS State Department of Education via the MS ETV Interactive Video Network. The TAD Center also provided ongoing computer lab for computer-assisted instruction to more than 20 NMRC clients, utilizing AmeriCorps/InterACT personnel.

South MS Regional Center: During FY 1997, SMRC conducted the following educational/informational activities in the areas of ADA, client rights, and assistive technology: 1) the "Client Bill of Rights" was given to each client and family during admission and during the IPP (Individualized Program Plan) month; 2) SMRC conducted a mandatory client rights in-service for all programming staff (performed annually); 3)

SMRC made available assistive technology brochures and 4) ADA pamphlets were given to clients upon admission to the Community Services Program. SMRC's Project PRINTS conducted the following activities: 1) disseminated client rights information to all Early Intervention Program (EIP) applicants; 2) provided ADA training to university students/day care center providers (July 1996, January 1997, and April 1997); 3) provided information about infant/toddler assistive technology use to 46 individuals and community agencies and published an article on this subject in the First Steps Early Intervention Newsletter and 4) developed a web site informational page about the use of assistive technology by infants/toddlers.

Also in FY 1997, overviews/presentations were made by DMH staff to other agencies, home health agencies, and private providers across the state concerning the new HCBS-MR/DD waiver program.

In (federal) FY 1997, the Developmental Disabilities Council (DDC) provided funds to the Mississippi Association for the Rights of Citizens with Developmental Disabilities (MS/ARC) for the completion and dissemination of a supported employment video to over 800 locations, including public libraries, public schools, parent-service advocacy groups, legislators, private, non-profit groups and all state agencies relative to people with developmental disabilities. Additionally, in (federal) FY 1997, public awareness activities were part of five DDC-funded initiatives, including: brochure/newsletter dissemination to approximately 60,000 individuals; approximately 50 radio spots; 15 television public service announcements, and three state conference activities, with approximately 900 participants. These initiatives were implemented through the following organizations: the Coalition for Citizens with Developmental Disabilities, MS/ARC, Saint Francis Academy, Magnolia Speech School and the MS Brain Injury Association.

(Prevention)

The regional centers for persons with mental retardation provided and/or participated in activities relative to prevention of mental retardation/developmental disabilities in FY 1997. Some examples include:

Boswell Regional Center: In FY 1997, BRC educated individuals about the causes of mental retardation through its work with the University of Southern MS, Jackson State University and William Carey College. The Early Intervention Program sponsored by the center in Natchez, MS, educates parents and is designed to lessen the effects of developmental disabilities on young children and their families.

Ellisville State School: The Early Intervention Program (EIP)

participated in a Health Fair at Smith County Hospital in Raleigh, MS (November 1996). The EIP conducted developmental screenings during March 1997 at the Family Service Center in Bay Springs, MS, as part of a task force for prevention initiatives.

North MS Regional Center: The Diagnostic Services Department of NMRC addressed prevention in FY 1997 by referring families for genetic counseling when assessment results suggested the presence of possible familial disorders. In FY 1997, the Director of Diagnostic Services served on Project Homestead, a community task force which works to facilitate permanency planning for children and which enables families to stay together through networking and interagency cooperation.

South MS Regional Center: SMRC participated in the United Way Campaign and the March of Dimes Walk-A-Thon in FY 1997. Also, prevention of MR/DD is a topic included in all presentations by the Director and Social Worker of Project PRINTS when discussing the efficacy of early intervention. Examples of specific topics of such presentations include: (a) benefits of early intervention in reducing future support needs, (b) the importance of genetic screening and counseling and prenatal care and (c) current information on substance exposure and fetal alcohol syndrome.

**Interagency
Collaboration/
First Steps**

The Early Intervention/Child Development Programs operated through the Bureau of Mental Retardation (BMR) also continued active collaboration with the Infant/Toddler "First Steps" program coordinated by the MS Department of Health. Furthermore, the DMH/BMR received a grant September 1, 1995, for a staff liaison position with First Steps (Department of Health). In FY 1997, First Steps continued funding for this staff to: (1) serve as liaison between programs/services for infants and toddlers with disabilities at the Department of Mental Health and the First Steps Early Intervention System; (2) coordinate referrals from the Department of Mental Health and the First Steps Early Intervention System; (3) remain current on all state and federal Part H policies and procedures, providing technical assistance to Department of Mental Health personnel regarding the First Steps Early Intervention Systems; (4) as a member of an interagency team, in collaboration with the State Coordinator for the First Steps Early Intervention System, plan and implement procedures for coordination between the First Steps and Early Intervention System and the Department of Mental Health; and (5) perform duties as required to ensure coordination of the Department of Mental Health's participation in the early intervention system.

Early Intervention/Child Development services continued to be available in FY 1997 through the regional centers, which were coordinated with the "First Steps" program. Examples include:

Boswell Regional Center: The Early Intervention Program (EIP) sponsored by Boswell Regional Center is located in Adams County. During the fiscal year, this program grew from 25 participants to 30 participants. EIP staff conducted information fairs in the malls in the Adams County area and provided literature to all hospitals and doctors' offices within a fifty-mile radius. This staff has worked very diligently with the "First Steps Programming" in order to identify children and to facilitate their participation in the program.

Ellisville State School: Ellisville State School EIP staff coordinated services with the "First Steps" program on an ongoing basis during FY 1997: The two programs worked together to set up and perform comprehensive evaluations in outreach locations; EIP staff attended Interagency Coordinating Council meetings; "First Steps" provided a special instructor for EIP outreach clients, during an interim when EIP was without an outreach worker (5-1-97 to 6-30-97), and EIP locations have received materials for two resource libraries from "First Steps," as well as travel funds for outreach efforts.

Hudspeth Regional Center: The EIP staff participated in local Interagency Coordinating Council meetings. During FY 1997, EIP staff also met regularly with "First Steps" Service Coordinators to assist families with services they found most helpful. HRC's EIP psychologist attended training provided by "First Steps" on "Play-based Assessments." Of the 181 children served by HRC's EIP during FY 1997, 115 were referred by "First Steps."

North MS Regional Center: Throughout FY 1997, the staff from Project RUN EIP worked in collaboration with the "First Steps" staff in the provision of services. Seventy-three of the ninety-eight children enrolled in Project RUN were referred through the "First Steps" program.

Project RUN children and their families received outreach services in Tunica, Marks, and Batesville, MS, with the assistance of "First Steps" staff, who arranged to have available space at local health department facilities. Reimbursement for travel costs to provide these outreach services was funded through "First Steps," from March - June, 1997.

During FY 1997, "First Steps" resource libraries, sponsored by the MS State Department of Health, were established at the three Project RUN programs. Each resource library contains books, brochures, video tapes and other information relating to early intervention. The "First Steps" program also established a toy-lending library for the Oxford and Grenada locations of Project RUN.

The Project RUN staff participated in public awareness activities with the "First Steps" staff, including local health fairs and meetings with other service providers. Three workshops on issues relating to early intervention were held at NMRC, with "First Steps" as a co-sponsor. The Project RUN staff also participated in local Interagency Coordinating Council meetings held in Oxford and Hernando.

The NMRC Diagnostic Services Department, working closely with "First Steps" and Project RUN, has provided referrals, multidisciplinary evaluations, re-evaluations prior to later placement and eligibility rulings. Highly technical audiological services were implemented in FY 1997 by the Diagnostic Services Department, utilizing equipment from "First Steps." The Director of Diagnostic Services serves as Co-Chair of the local Interagency Coordinating Council for "First Steps" District II.

South MS Regional Center: During FY 1997, Project PRINTS EIP was involved with "First Steps" in the following ways: (a) coordinating of referral and transition process by "First Steps" service coordinator; (b) received 92 referrals to Project PRINTS from "First Steps" Program; (c) collaborated on public presentations and conferences; (d) provided joint training sessions for staff from both agencies on transitioning, collaboration, referral and assessment; (e) attended and held officer positions in all local "First Steps" Interagency Coordinating Councils; (f) developed a fact sheet, "Early Intervention Programs: Making a Difference in Mississippi's Future" and (g) presented at the State Interagency Coordinating Council Meeting (October 1997).

In (federal) FY 1997, the Developmental Disabilities Council provided funds to the Brain Injury Association of Mississippi to develop a safety program entitled "School Bus Safety" and to develop a family support manual and video tape.

PLANNING

The FY 1998 State Plan for Department of Mental Health Related Services for Individuals with Mental Retardation/Developmental Disabilities was completed in FY 1997 and was submitted to the State Board of Mental Health in March 1997 for review, with approval granted by the Board in April 1997.

An FY 1997 management plan calendar was developed in July 1996 for activities related to the planning process during the year.

**COMMUNITY
SERVICES
DATABASE**

The Bureau of Mental Retardation continued utilizing the updated data base developed in FY 1992, reflecting client information regarding individuals receiving community services. (See Appendix I, p. 182). Furthermore, the Department of Mental Health Core Data Elements were incorporated into the data collected.

SERVICES

In FY 1997, to serve the needs of older adults with mental retardation/developmental disabilities, the BMR operated two retirement homes through Boswell Regional Center (Magee and Mendenhall) and one through Ellisville State School (Laurel). The retirement homes provide an excellent alternative to traditional group home placement. This is accomplished by designing a program that offers an individual the alternative of retirement and activities that continue to maintain and even improve the quality of life. All clients of the retirement homes must be at least 55 years of age and continue to participate in monthly nursing assessments. The programs further include annual leisure assessments and structured program options to provide for an enthusiastic and stimulating environment. All retirement homes are supervised 24 hours a day throughout the year by staff who monitor the needs of the clients. Retirement homes are, by design, highly visible in the community. Clients of these programs are enrolled in community programs such as church groups, Retired Senior Volunteer Programs, and community nutrition sites. Their psychosocial interactions with the members of these programs provide excellent peer relations and support.

To expand services for elderly persons with mental retardation/developmental disabilities, the North MS Regional Center targeted a 10-bed ICF/MR home in Fulton, MS, to serve elderly women with developmental disabilities and an additional 10-bed home for men in FY 1997. South Mississippi Regional Center opened two 10-bed ICF/MR group homes in October 1996 in Wiggins, MS, which serve older adults with MR/DD.

**COMMUNITY
LIVING/RESPITE
SERVICES**

During FY 1997, 711 individuals with mental retardation/developmental disabilities received community living/respite services through programs funded/administered by the Bureau of Mental Retardation. This total includes individuals served in a variety of community living services such as group homes, ICF/MR community homes, and supervised apartments.

See Appendices II and III, pp. 183-184, for lists/locations of group homes and supervised apartments funded through the BMR in FY 1997.

In FY 1997, intensive short-term residential respite services for individuals with mental retardation/developmental disabilities through the Department of Mental Health/Bureau of Mental Retardation-funded programs were available at the following four comprehensive regional mental retardation centers: Boswell Regional Center, Hudspeth Regional Center, North MS Regional Center, South MS Regional Center and through the Lafayette County ARC programs.

See Appendix IV, p. 185 for list and locations of respite services.

In FY 1997, the Bureau of Mental Retardation again requested funds in its FY 1998 budget request for development of a statewide Supported Living Program within the existing Community Living Program. The BMR also requested funds again for two special respite program sites for children with multiple handicaps and medical needs (to serve 40 children), as well as one Special Residential Service Program to serve eight individuals with dual diagnoses of mental retardation and mental illness.

In (federal) FY 1997, the Developmental Disabilities Council supported efforts to obtain a Mississippi Home of Your Own Alliance (HYOA/MS) which promotes community living activities for individuals with developmental disabilities in order to foster independence, productivity, inclusion and home choice.

**CASE
MANAGEMENT**

In FY 1997, 2,240 individuals with mental retardation/developmental disabilities received case management services. See Appendix V, p. 186 for list and locations of case management programs.

**WORK
ACTIVITY/
EMPLOYMENT
SERVICES**

In FY 1997, 1,685 individuals with mental retardation/developmental disabilities received work activity/employment related services.

See Appendix VI, p. 187 for list and locations of work activity/employment related services.

**EARLY
INTERVENTION/
CHILD
DEVELOPMENT
SERVICES**

In FY 1997, 884 children were served in early intervention/child development programs across the state.

See Appendix VII, p. 188 for list and locations of Early Intervention/Child Development Programs.

**FAMILY
SUPPORT
SERVICES**

In FY 1997, each of the Department of Mental Health's comprehensive regional mental retardation facilities had an active family and/or friends support association. These groups provide support for their individual members by providing opportunities for family members' participation in

sessions and meetings in which education and support information are presented, providing opportunities for participation in special projects to meet identified needs of the clients and, generally, providing a means for effective liaisons with the respective facility. Other family support organizations and/or groups are present in local communities throughout the state.

In (federal) FY 1997, the Developmental Disabilities Council provided funds to support the ARC/MS in the development of eight (8) local ARC chapters (parent coalitions) throughout the state.

**SUPPORTED
EMPLOYMENT**

In FY 1997, 258 individuals with mental retardation/development disabilities received employment related services.

See Appendix VIII, p.189 for a list of providers and locations of employment related programs.

In (federal) FY 1997, the Developmental Disabilities Council supported projects through which the Mississippi Industries for Individuals with Developmental Disabilities (MIDD) developed a marketing portfolio for job developers, and through which the Kemper County Economic Development Authority provided training and technical assistance to approximately 125 job developers throughout the state.

**ASSISTIVE
TECHNOLOGY
SERVICES**

Assistive Technology Services are designed to provide individuals with disabilities assistance with selection, acquisition, and use of appropriate technology to meet their specific needs for communication, mobility, learning, daily living, and environmental control. The purpose of these services is to help increase and improve the ability of an individual to fully participate in daily activities at school or work and at home. The array of services available includes evaluation of an individual's assistive technology needs, demonstration of assistive technology devices, and training on the use of specific assistive technology for the individual, family and other service providers. Assistive technology services were available through four of the comprehensive regional mental retardation centers: Ellisville State School, Hudspeth Regional Center, North MS Regional Center, and South MS Regional Center.

**HOME AND
COMMUNITY-
BASED MR/DD
WAIVER
PROGRAM**

In FY 1997, the second year of implementation of the HCBS-MR/DD waiver program, 313 individuals were enrolled. Some services were provided through all five regional centers, as well as some private, non-profit programs. Services provided included personal care, in-home respite, and ICF/MR respite.

The following is a summary of activities conducted in FY 1997 by the five (5) regional facilities' Home and Community-Based Services - MR/DD case managers to promote community awareness of the HCBS-MR/DD waiver program:

Boswell Regional Center: BRC provided information about the HCBS-MR/DD waiver program during FY 1997 by giving speeches to local community groups such as Lions Clubs. Visits to local doctors' offices/human services departments were made to inform these individuals of services that might be available to their patients and clients through the waiver program.

Ellisville State School: During FY 1997, ESS made presentations at parent support groups and parent training sessions. Brochures about the HCBS-MR/DD waiver program were sent to doctors' offices, schools, health departments and mental health centers.

Hudspeth Regional Center: HRC developed a brochure about the HCBS-MR/DD waiver program and distributed it to community agencies, clinics, doctors' offices, home health agencies, hospitals, various parent groups, families, and HRC staff. Programs were presented to parent groups and/or service organizations such as the Scott County ARC (June 1997); the MS State Department of Health, Early Intervention System, District V Services Coordination staff, and a physician and social worker of Blake Clinic (September 1996).

North MS Regional Center: During FY 1997, specific information was provided to approximately 50 individuals inquiring about the HCBS-MR/DD Waiver program. Additionally, five (5) Health Department Early Intervention Service Coordinators and four (4) public school systems were contacted and/or visited during the year to provide service information about the HCBS-MR/DD Waiver program. Specific information about eligibility and services through the waiver were provided to representatives of four (4) home health agencies: Gilbert's MedShares, Alexander's, and North MS Medical Center Home Health. Informational brochures and service and availability information about the HCBS-MR/DD Waiver program were again provided to the Respite Coordinator of the LCARC Respite Program (another DMH-funded program), for dissemination to parents participating in that specific service. The development of a new brochure, containing service information, eligibility requirements and enrollment procedures, was undertaken in FY 1997. It is anticipated that this brochure, a joint venture of the Home and Community-Based Services Department and the

Public Information Office of NMRC, will be completed, printed and made available to the public in FY 1998. In September 1996, a presentation which provided services and enrollment information was made to approximately 30 members of the North MS Autism Association.

South MS Regional Center: SMRC made the following efforts in FY 1997 to inform the public about the HCBS-MR/DD Waiver program: 1) Home and Community-Based MR/DD Waiver brochures were made available; 2) the Community Services Program social worker collaborated with other MH/DD agencies to promote community awareness of the DD programs offered at SMRC; and 3) Home and Community-based Waiver Service Coordinators and direct service personnel have contributed more than 500 hours of activities which promote community awareness of the Waiver program, through speaking to community groups and agencies, home and telephone visits with potential participants, and other related activities.

TRAINING

The BMR Division of Community Services Central Office staff made available technical assistance on the Bureau of Mental Retardation/Developmental Disabilities Client Record Guide, the DMH Minimum Standards for Community Mental Health/Mental Retardation Services, the Americans with Disabilities Act (ADA), the Home and Community-Based Services Waiver, and other areas, such as grants preparation and Early Intervention Programs. Furthermore, all DMH-certified programs received training on the new Minimum Standards and the revised BMR Client Record Guide, both of which became effective on January 1, 1997. This training occurred in December 1996, and over 100 individuals participated.

All of the regional centers for mental retardation implemented established processes to assess staff training needs in FY 1997 and to plan for training to address those needs. Staff development plans for those centers with accredited school programs were also developed and implemented. Examples of training needs assessment processes include:

Boswell Regional Center: The Quality Services Management Department of Boswell Regional Center conducts a needs assessment in November of each year in cooperation with the center's departments. The results of the survey are compiled, and a new training manual is developed. The new training manual is submitted to the Staff Development Advisory Committee and the facility director for review. When the final document is approved, it is implemented in January of the following year. The Staff Development Advisory Committee meets during the year to reassess needs and discuss training topics. Quality Services Management takes

recommendations from the committee to the facility director and, if the recommendations are accepted, implements the change. On-going needs assessment is accomplished through evaluation techniques, site-visits, and interview surveys. The staffing calendar for the next year is designed to meet those areas that the staff felt were important as well as to include those areas that would be required by any licensing agency under which the facility operates. A computer-based tracking program is utilized to monitor attendance at staff training activities.

Ellisville State School: Assessment of staff training needs is accomplished through a survey, which is completed by all individuals who attend a monthly required in-service. The needs assessment data are analyzed and utilized by the Staff Development Advisory Committee which, in conjunction with the Staff Development Director, plans the yearly training calendar.

Hudspeth Regional Center: As part of the Staff Development Plan, certified staff completed a needs list of in-service activities. These activities were developed and provided as part of the Staff Development Plan.

North Mississippi Regional Center: During FY 1997, the Staff Development Department distributed a training needs assessment questionnaire to 500 NMRC staff members. This assessment was sent to two different groups, including Community Services, in order to customize future training to expressed needs. The response rate was 40 percent, with 197 questionnaires returned. Needs were prioritized and requests ranged from training in communication and conflict resolution, to Judevine, working with families, and stress management. Consequently, training was planned to address those needs. Assessment of training needs, as required by the State Department of Education, was also accomplished in FY 1997. The needs were prioritized and built into the teachers' in-service calendar. The Staff Development Department also includes mandated topics in staff training which address client care, as outlined in Developmental Disability (DD) and Intermediate Care Facility for the Mentally Retarded (ICF/MR) regulations.

South Mississippi Regional Center: The Needs Assessment and Staff Development Advisory Committees provide consultation for the development and implementation of training. The Needs Assessment Committee is comprised of staff representing the agency's work force to identify specific training needs. The advisory group, comprised of departmental administration, is charged with assisting in planning

programs to meet identified needs. Both management and line staff provide regular, informal input on existing programs and future training needs. Staff orientation, workshops and special programs are evaluated by participants. Comments are incorporated in planning future training programs.

The regional centers designed training to meet needs identified through the processes described previously. Training was also consistent with Medicaid licensure requirements and approved Staff Development Plans, consistent with SDE regulations for school programs.

Examples of training provided to staff of each facility in FY 1997 include:

Boswell Regional Center: One hundred and twenty (120) individuals participated in new employee orientation at Boswell Regional Center. The areas covered in new employee orientation include: an introduction to the facility, personnel policies and procedures, fire safety and accident prevention, client abuse and neglect, infection control, asbestos information, introduction to mental retardation, body mechanics, first aid and common emergencies, CPR, confidentiality and client rights, behavior management and techniques for managing aggressive behavior, psychotropic medication and involuntary movements, interdisciplinary team processes, nutritional needs, oral hygiene, self-help skills, personal hygiene, and speech and language utilization.

During the calendar year, each department has specific topics that they submit and cover as part of an ongoing training program. In addition to the departmental training, the facility provides an in-service each month that is required under licensure and certification. This training addresses topics on an annual basis that are originally covered during new employee orientation for the purpose of ensuring that the staff remain current in the training.

Boswell Regional Center also provides a training program for behavior management. Each staff at the Boswell Regional Center must attend a specific number of hours in behavior management. (The number of required hours depends on the staff member's area of discipline.) The training hours in this area include specific hands-on programming for individual clients, a mini course in behavior management and its utilization with individuals with mental retardation, and the utilization of psychotropic medications and program planning. On a quarterly basis, staff records are reviewed to ensure that staff are receiving the amount of training required.

Ellisville State School: During FY 1997, employee orientation involved 365 employees in 25 classes. Topics such as personnel policies and procedures, client rights, client abuse and neglect, behavior management, introduction to mental retardation, CPR, infection control and programming were covered. Ongoing training in FY 1997 included 1,993 classes on topics such as: first aid, client abuse and neglect, client rights, behavior management, infection control and programming. Workshops addressing the following areas were also conducted: sexual harassment, computer training, team building, drug abuse recognition, abuse and neglect, understanding social supports and behavior change management.

Hudspeth Regional Center: During FY 1997, 203 new employees participated in employee orientation, which includes such topics as the center's mission/values, personnel policies and procedures, introduction to the DMH, safety/fire/disaster control, employee assistance programs and the drug-free work place, client rights/confidentiality, the Vulnerable Adults Act, client abuse, CPR, lifting/transferring techniques, seizures, an overview of mental retardation, a community services overview, nutrition and dietary issues, the team process and programming, funding/client monies/employee benefits, oral hygiene and infection control, behavior management and reinforcement, TMAB, Americans with Disabilities Act, client behaviors, use of restraints/time out and data collection, client sexuality and feeding techniques.

Ongoing staff development training in FY 1997 included CPR, First Aid, TMAB, and various personal and professional growth topics. Other training topics included: Direct Care Worker Upgrade training, communication disorders, Vulnerable Adults Act, infection control, TMAB recertification, client rights/confidentiality, positive attitudes, human development, "Your Cheating Heart Will Tell on You," customer sensitivity, death/dying/grief process, client physical activity programs, fire safety/first aid/disaster response, review of new staff development requirements, legal issues in the MS Department of Mental Health, seizures, development of communication skills for clients, depression, a curriculum for the profoundly handicapped student, coping with death/dying, Mississippi Alcohol Safety Education Program (MASEP), conflict resolution, orofacial signs of child abuse, dementia, stress management, cultural diversity, autism pervasive disorder, forensic psychology, current issues in special education, cancer, interactive leisure activities for individuals with severe/profound mental retardation, curriculum development/revision team meeting, TMAB training, and Community Service Department training in various personal and professional topics.

North Mississippi Regional Center: During FY 1997, 267 NMRC staff attended general employee orientation. A sample of training topics includes: personnel issues, abuse/neglect/Vulnerable Adults Act, client rights/confidentiality, active treatment, infection control, personal hygiene/oral care/hair care, feeding disorders, teaching self-help skills, aggression prevention/TMAB techniques, behavior modification and first aid/CPR. During FY 1997, general employee orientation involved a total of 10,400 man hours.

Ongoing staff development: Two hundred sixty-six (266) NMRC staff attended approximately 60 off-campus workshops on various subjects, which included a total of 1,466 hours.

On-campus training for NMRC staff totaled approximately 18,308 man-hours during FY 1997. This training included Direct Care Worker Upgrade, Supervisory Training, Judevine Training, programs regarding specialized equipment and techniques, and monthly in-service training. Additional subjects covered included functional assessment, adapting toys, mealtime procedures, survey review, paperwork policy, business grammar, Prader-Willi training, parenting, leisure management, writing Individual Program Plans (IPPs), wheelchair safety, accountability sheets, burnout, auditing for fraud, effective communication, the art of criticism, floor buffer usage, field trip procedures, nurse ethics, literacy, sign language, medication/charting, adaptive teaching, client appearance, fun through music activities, drugs in the work place, safety/accident prevention, travel reimbursement procedures, minimum standards, nutrition/dietary needs, privacy, socialization, SSI/Medicaid workshop, autism, client choice, IBR, deaf/blindness, diabetic exchange, QMRP training, Arts Fair in-service, credit card purchases, water safety, house rules, DASH workshop, HCBS record keeping, aging, safe food handling, and monitoring.

South Mississippi Regional Center: During FY 1997, 243 SMRC staff members participated in new employee orientation. Topics addressed include: an introduction to SMRC, the center's mission/values, an overview of mental retardation, cottage observation, quality services management, active treatment and the team process, client rights/working with the families, the employee assistance program, state law/client abuse and neglect, center safety, drug-free workplace/drug testing policy, residential services overview, infection control, body mechanics and transfers, hand washing procedures, personnel policies/procedures, core values, fire safety and disaster control, seizure procedures, psychology overview, TMAB, communication, education overview/class and work

area observation, time out procedures, documentation and personal care skills, mechanical lift training/bath equipment training, feeding techniques, wheelchair/mobility aids safety, sexuality, oral hygiene, diapering procedures, training and data collection, residential services clothing procedures, direct care upgrade program, and supervised experiential training in behavior management.

Four new employees from the Psychology Department received orientation during FY 1997. They (and all new employees) received training in behavioral interventions utilized for common behavioral problems, documenting target behaviors, and diagnostics.

During FY 1997, monthly in-services were provided by staff psychologists to direct care staff regarding new and established behavior programs. SMRC's consulting psychiatrist conducted an in-service on psychotropic medications for approximately 30 professional staff, as well as a seminar to the Psychology Department staff on clinical interviewing techniques. SMRC's consulting psychopharmacologist conducted a two-day workshop on administering the DISCUS, an instrument to assess medication side effects.

The following cumulative data reflect the ongoing staff development activities at SMRC during FY 1997:

- 450 staff trained
- 2,378 hours of training
- 146 hours/35 staff of Direct Care Supervisory Training
- 40 hours/13 topics of Management/Leadership Training
- 54 hours/8 topics of special treatment/service delivery training

Special training was also provided in collaboration with the Mississippi Gulf Coast Community College Work Force Program:

- 35 staff/8 hours writing skills training
- 119 staff/12 hours each in basic computer training (This training directly augments the training provided in assistive technology, as 30 of the trained staff are employed with SMRC's Education Department and have utilized their training to provide learning experiences to clients.)

Training on available assistive technology services and/or devices (on and off-campus) was provided by the facilities in FY 1997:

Ellisville State School: ESS's Assistive/Communication Technology Services provided training for center staff, community school personnel, and students from the University of Southern Mississippi and Mississippi University for Women. Specific training/in-services were provided in assistive listening devices (2 on-campus), environmental controls (6 on-campus; 2 off-campus), technical assistance contacts (20 on-campus; 15-off-campus), and a demonstration on assistive technology devices (11 on-campus; 10 off-campus). Training was also provided to 36 individual campus users of assistive technology devices.

Hudspeth Regional Center: Ongoing training was provided to families and community school personnel through the HC Assistive Technology Unit. Ongoing training in the area of client programming was provided to center staff.

North MS Regional Center: Demonstrations of assistive technology applications were provided to approximately 739 families, community clients, and professionals. The Technology Assistive Device (TAD) Center also provided training on specific assistive technology services/devices to approximately 383 professionals and pre-professionals, including lectures for the University of MS Special Education, Communicative Disorders Department, as well as for pre-Occupational Therapy/Physical Therapy courses.

TAD staff provided approximately 594 telephone consultations for assistive technology support, primarily to teachers, therapists and families.

NMRC staff made 8 major presentations at professional conferences, including the National AAMR, Southeast AAMR, MS Chapter of AAMR, MSHA and workshops for the State Department of Education via the MS ETV Interactive Video Network.

South MS Regional Center: During FY 1997, client training on available assistive technology services and/or devices included the following:

- 1-Communication Evaluation
- 1-Computer Evaluation
- 117-Technical Assistance Contracts
- 77- Demonstrations on Assistive Technology
- 88-Training on specific AT devices
- 12-Follow ups

SMRC staff training on available assistive technology services and/or devices during FY 1997 included the following:

- 1-Computer Evaluation
- 7-Technical Assistance Contracts
- 1- Demonstration on Assistive Technology
- 2-Training on specific AT devices
- 1-Follow up
- The Media Resource Center Coordinator provided computer training in Assistive Technology, specifically, on the mobile interactive computer units, to 5 Education Department staff. Computer classes for SMRC clients were also provided for all of the Education Department's 13 classrooms. In these classes, clients were provided learning experiences through the use of adapted computers and state-of-the art interactive software programs. Education and Residential Services staff assigned to the classroom receive training on the use of this equipment with clients on an ongoing basis, while the clients are receiving computer-assisted educational services from the Media Center Coordinator.

Training was also provided by the five facilities' staff at a variety of professional conferences and to other groups and organizations throughout the year. Examples of this training include the following:

Boswell Regional Center: During FY 1997, Boswell Regional Center presented information about BRC to the Lions Clubs in Brookhaven and Magee. Presentations about the Wesson Group Homes were made to a church in Wesson, as well as the Wesson Chamber of Commerce.

Ellisville State School: During FY 1997, ESS was involved in the following trainings for other groups/organizations: conducted five seminars at regional AAMR meetings; participated in nursing training for Southeast MS, made presentations at the MIDD conference; EIP staff provided training to Head Start and day cares attended by EIP clients. This training included behavior management and the implementation and integration of the individual habilitation plans into daily routines.

Hudspeth Regional Center: During FY 1997, HRC staff made presentations to the following groups/organizations: MSHA (April 1997)-Implementation of Low End Technology for Communication; Sentient Systems, Dynavox 2 (January, February, March, April, May, June 1997); MS Christian Family Services - MR/DD Regulations; Willowood, Mid-West, Region VIII CMHC; Public School Systems throughout the state of MS-Behavior Management; MS School for the

Deaf-Behavior Management; MS School for the Blind-Behavior Management; Day Care Programs/Kindergarten Programs-Behavior Management; ARC and other state non-profits-Behavior Management; Head Start Programs-Behavior Management, and Home Training for Parents of Children with Disabilities-Behavior Management.

North MS Regional Center staff provided over 28 hours of training to other groups/organizations during FY 1997, covering topics such as Partners in Understanding, Communication, Enhancing Literacy Development, Array of Services, Behavior Modification with the Elderly, and Augmentative/Alternative Communication Intervention. NMRC staff members were frequent guest speakers at various civic groups, service agencies, local governments, and mental retardation/developmental disability conferences throughout the year.

South Mississippi Regional Center: Over 200 hours of training were provided by the Home and Community-Based Waiver Services staff to private service providers in the following areas: record-keeping, Medicaid billing practices, information on mental retardation, and other related issues. The Staff Development Department provided adult CPR training and infection control training to 12 staff members of Cheshire Homes in April 1997. Additionally, all staff development training opportunities and staff library holdings were made available to the staff of this facility. SMRC and the SMRC Parent Association jointly sponsored a workshop on partnering for SMRC staff and families of persons served by SMRC.

Linkage with community colleges and universities to provide training experiences to students in the fields of mental retardation and related support services continued during FY 1997. Examples of this training provided by each center include:

Boswell Regional Center: In an effort to create public awareness about BRC and to recruit staff, BRC attended job fairs at the University of Southern Mississippi and Delta State University. Job applications and BRC brochures were disseminated to interested students.

During FY 1997, the BRC main campus hosted two groups of student nurses. BRC also hosted a group of psychology students from William Carey College and had four psychology interns from this college.

Ellisville State School: ESS provided 24 student nursing tours during FY 1997. ESS internships during the year included the following: 73 student interns with concentrations in psychology, social work, education, and administration and 34 nursing student interns.

Hudspeth Regional Center: HRC provided the following training for community colleges/university students during FY 1997: "Behavior Management for Teachers" training at MS College, Belhaven College, and Hinds Community College; an overview of Hudspeth Center and weekly tours for the University of MS Medical Center Nursing Department (20 students per tour).

North MS Regional Center: During FY 1997, NMRC staff members provided training for 774 graduate and undergraduate students from 11 institutions of higher learning in the state of Mississippi, as well as from Alabama and Tennessee. NMRC's University Affiliated Programs (UAP) Coordinator also networked with 48 instructors and professors for course work supervision (with 79 classes). Through this training, staff contributed to the professional development of students in a wide range of fields including: art, audiology, clinical psychology, speech pathology, occupational therapy, physical therapy, special education, curriculum and instruction, educational leadership, family and consumer sciences, exercise science and leisure management, social work, wellness, educational psychology, journalism, counseling psychology and Southern Studies.

As a result of these efforts, NMRC earned a total of \$27,750 in bank credit scholarships for staff training at the University of Mississippi (UM) and enhanced staff development by awarding 37 staff members a total of 48 undergraduate course hours and 214 graduate hours at UM. An additional accomplishment for UAP this year was the initiation and expansion of staff opportunities for utilizing bank credit scholarships by finalizing reciprocal agreements with UM branches, including sites in Tupelo and Southaven.

South MS Regional Center: The following is a summary of community college/university student tours provided by SMRC during FY 1997: Mississippi Gulf Coast Community College/West Harrison County Occupational Training Center Campus, Secondary Health Occupations Program (61 student tour); Mississippi Gulf Coast Community College/Jackson County Campus, Education Program (20 student tour); University of Southern Mississippi/Gulf Park Campus,

School of Nursing (14 student tour); University of Southern Mississippi/Gulf Park Campus, School of Education (20 student tour); University of Southern Mississippi/Hattiesburg Campus, School of Social Work (1 student tour); William Carey College, School of Nursing (38 student tour).

Other training provided by SMRC to community colleges/university students during FY 1997 includes:

- Mississippi Gulf Coast Community College/Jefferson Davis Campus, Perkinston Campus, and Keesler Campus, Health Occupations Program-Keesler Campus - One student per day, of a nine student rotation, observed classrooms in the Education, Nursing, and Psychology Departments.
- One William Carey College student had a practicum placement at Picayune Industries.
- A one-semester internship was provided to a Mississippi Gulf Coast Community College student through collaboration between MGCCC's Special Populations Support Program and the SMRC Education Department. The student interned as a classroom teacher's assistant for 8 hours a week, during one semester.
- Three volunteers received two hours each of orientation, and two student interns received 14 hours each of orientation.

QUALITY ASSURANCE

The following subcontractors provided services in the community and were monitored by the DMH for compliance with the Department of Mental Health's Minimum Standards for Community Mental Health/Mental Retardation Services:

Reports are on file documenting 30 semi-annual visits to 15 community subcontractors of alternative/community living arrangement services.

Reports are on file documenting 72 semi-annual visits to 36 subcontractors of work/employment services opportunities.

Reports are on file documenting 20 semi-annual visits to 10 subcontractors of child development services.

Reports are on file documenting 42 semi-annual visits to 21 subcontractors of case management services.

Reports are on file documenting 24 total visits to Home and Community-Based MR/DD Waiver services, including the following: personal care, in-home respite, case management, day habilitation, and ICF/MR Respite.

Each comprehensive regional center for persons with mental retardation implemented internal quality assurance systems, as well as documentation of regularly scheduled quality assurance monitoring reviews and the degree of adherence to regulations set forth by the Mississippi Department of Health, Division of Health Facilities Licensure and Certification, the Division of Medicaid, the MS State Department of Education and the Southern Association of Colleges and Schools (for centers operating school programs). Each regional facility also reviewed and/or updated its Manual of Policies and Procedures, as needed.

The Mississippi Developmental Disabilities Council (DDC) provided training to Council members and DDC grantees interested in peer monitoring. Approximately 40 individuals participated in peer monitoring training, which took place at the Robert E. Lee State Office Building in Jackson, MS. As a result of the training, approximately ten (10) people have participated in peer monitoring within DD Council-funded programs throughout the state. Peer monitors concentrated their activities on reviewing consumer satisfaction surveys, health and safety regulations within the program/service, discussing service needs with staff and sharing ideas regarding services in their home programs (training and technical assistance). The peer monitoring activities appeared to be very helpful to services being monitored, as many individuals expressed appreciation at having a peer with whom to share information/ideas.

School-Age Programs

In addition to the Early Intervention/Child Development Programs, the four regional centers serving school-age children continued to provide appropriate educational opportunities to clients under 22 years of age residing at the centers. Special accomplishments or highlights of the Education Services programs at those facilities in FY 1997 were:

Ellisville State School: The Special Education Department of ESS maintained its accreditation with the Mississippi Department of Education and the Southern Association of Colleges and Schools.

Hudspeth Regional Center: The C. B. Noblin School at HRC continued to be accredited as a special school with the Mississippi Department of Education and has current accreditation status with Southern Association of Colleges and Schools.

North MS Regional Center: The Mississippi Department of Education continued accreditation of NMRC's Education Department; NMRC also received an "accredited" rating from the Southern Association of Colleges and Schools, with all standards being met.

South MS Regional Center: The SMRC Education Department, Long Beach Campus, maintained approved status as a non-public educational program through the Mississippi Department of Education. Project PRINTS EIP (Early Intervention Program) continued to provide assistive technology services through a grant to enhance assistive technology education for infants and toddlers; Project PRINTS distributed 1,100 child find letters; Nine clients completed educational services provided by the Education Department, Long Beach Campus and received completion certificates in accordance with regulations of the Mississippi Department of Education.

Following are the number of individuals evaluated by the regional facilities who were found eligible for ICF/MR placement but who were referred to community services/supports, along with referral descriptions:

Boswell Regional Center: Twenty-five (25) individuals were evaluated and found eligible for ICF/MR placement by the Diagnostic and Evaluation Team of Boswell Regional Center. Forty-three (43) additional children were evaluated for community placement in the early intervention program. Due to the age of the children, ICF/MR placement was not considered as an alternative.

Individuals were referred to the HCBS MR/DD Waiver program, to the Early Intervention Programs, and to local community mental health centers.

Ellisville State School: One individual was evaluated during FY 1997 who was found eligible for ICF/MR placement but who was referred to community services/support. This individual was referred to the HCBS MR/DD Waiver program.

Hudspeth Regional Center: During FY 1997, 144 individuals were evaluated who were found eligible for ICF/MR placement but who were referred to community services/supports. The following is a list of the services to which these individuals were referred: 1) Willowood Work Activity Center; 2) RACO Work Activity Center; 3) HCBS MR/DD Waiver program (in home respite, personal care,

day habilitation at Willowood and RACO, residential habilitation); 4) Early Intervention Program; 5) Public School Special Education Programs; 6) MIDD Meridian; 7) Tri-County Industries; 8) Supported Employment; 9) Personal Care Homes; 10) Case Management; 11) Family Support; 12) local mental health centers; 13) MSH Community Services; 14) private ICF/MR facilities; 15) Head Start and 16) Children's Rehab.

North MS Regional Center: During FY 1997, NMRC's Diagnostic Services Department evaluated 231 individuals who were eligible for ICF/MR services and were referred to community service/support programs. These individuals were largely referred to five (5) specific programs: Approximately 43% were referred to the Community Services programs, which include case management, alternative living arrangements, supported employment, and vocational training. Another 29% were referred to HCBS. Fourteen percent (14%) were referred to public school systems for assistance, and Project RUN received 8% of the referrals. The remaining 6% were referred to nursing facilities, as this was an acceptable temporary arrangement while awaiting ICF/MR placement (or because families had requested a specific nursing facility close to home). Other miscellaneous referrals were also made to physicians, psychiatric programs, health department programs, and human service programs (as needed).

South MS Regional Center: SMRC's Diagnostic Services Department evaluated 50 clients during FY 1997 who were eligible for ICF/MR placement but who were referred to community services/supports. The majority of these individuals were referred to and enrolled in the HCBS MR/DD Waiver program, which provided further service coordination and in-home services (including respite and personal care).

TRANSITION

The facilities also continued to facilitate transition of persons they serve to other programs. Transitions were from preschool programs and center-based school programs to community-based public schools, as well as from institutional to community settings, including vocational and work settings. Examples of special accomplishments of the facilities related to transitional services are as follows:

Boswell Regional Center: Boswell Regional Center had three children transition from the Early Intervention Program to placement in public school classes or kindergarten programs within the Adams County area. Staff from that program worked with the two programs to

ensure that the children were settled in the programs and succeeding prior to discharge from the Early Intervention Program.

Ellisville State School: EIP transitioned 34 children from Early Intervention services to public school programs. ESS had four students attending the Jones County School District during FY 1997. Two of these students lived in Ellisville Group Homes, while the other two were from the center-based program. Five students transitioned from the school setting to the vocational setting in FY 1997.

Hudspeth Regional Center: HRC staff completed evaluations to expedite the assessment process to enter public school programs; EIP organized parent meetings on transition services, which involved Parent Partners (ARC of MS); technical assistance was provided to HRC EIP children; the Education Department's Public School Program continued to maintain 21 clients under the age of 22 in the Rankin County Public Schools System.

Examples of HRC's efforts to provide transition services from school to work for high school students exiting their senior years include the following: provided situational assessments after school hours; networked with local businesses to allow students to perform non-pay position tasks; designed a staff member in Meridian to serve as a liaison between the school and the community employment/work activity center; involved clients and families in Person-Centered Planning during final high school year; provided brochures explaining eligibility requirements/services offered through HRC to school staff, clients, and families; collaborated with school officials, vocational rehabilitation, students and families to outline specific, measurable vocational-related goals through students' IEPs.

North MS Regional Center: A summary of NMRC's FY 1997 special accomplishments relating to transitional services follows: 45 transitioned from Project RUN EIP to local day cares, Head Start and public school; 1 transitioned from the center-based education program to public school; 3 transitioned from school to work programs; 4 attended community-based public schools, and eight AmeriCorp members worked with public school students and transitioning Project RUN children.

South MS Regional Center: Twenty-six students were transitioned from Project PRINTS to local school districts or Head Start.

**MAINTAIN
LICENSURE
ACCREDITATION**

During FY 1997, the Bureau of Mental Retardation maintained beds licensed by the Mississippi Department of Health, Division of Health Facilities Licensure and Certification and the Division of Medicaid.

See Appendix IX, pp. 190 -191, Licensed Beds, FY 1997.

**CAPITAL
IMPROVEMENTS**

Capital improvements continued at the five regional facilities, as well as progress on new projects. Some major projects completed or in progress in FY 1997 include:

Boswell Regional Center: The following renovation projects were undertaken by Boswell in FY 1997 and were completed prior to the end of the fiscal year: 1) the office area of the recreation department was renovated; 2) central air conditioning was installed in the main kitchen; 3) several floors in the Jaquith Building were replaced and 4) the Bishop Duplex was renovated for Diagnostic and Evaluation and Home and Community-Based Waiver services. In addition to these renovations, the construction of two 10-bed ICF/MR group homes in Wesson, MS, was initiated (and continued) during FY 1997.

Ellisville State School: In FY 1997, the following repairs/renovations and capital improvements were undertaken by ESS: 1) a contract was awarded to install the outside plant fiber optic cable system; 2) a project to repair/renovate designated floor coverings and to replace designated wood shingles was underway; 3) a contract was awarded to replace emergency generators in designated buildings; 4) an Americans with Disabilities Act (ADA) compliance program to update restrooms in designated buildings was underway; 5) a re-roofing project for the special education facility and the chapel was being planned; 6) construction of two 10-bed ICF/MR group homes in Ellisville, MS, was underway; 7) construction of a 10-bed ICF/MR group home in Taylorsville, MS, was underway; 8) construction of two 10-bed ICF/MR group homes in Lumberton, MS, was underway; 9) a contract for the construction of a 10-bed ICF/MR group home in Sumrall, MS, was awarded; 10) a suitable location was being sought for two 10-bed ICF/MR group homes in Richton, MS, and 11) a project was in progress to improve the campus drainage system.

Hudspeth Regional Center: In FY 1997, construction was begun on two 10-bed ICF/MR group homes in Morton, MS, and a 10-bed ICF/MR group home in Brandon, MS, opened. Hudspeth's new food service facility was also under construction in FY 1997.

North MS Regional Center: During FY 1997, the following 10-bed ICF/MR group homes were under construction: 1) two ICF/MR group homes in Bruce, MS; 2) one ICF/MR group home in Fulton, MS, and 3) two ICF/MR group homes in Corinth, MS. Additionally, the following repair/renovation projects were in progress in FY 1997: 1) the removal/replacement of the existing hot water reheating system; 2) expansion of employee dining area in the Center's central cafeteria; 3) enlargement of the Center's warehouse by approximately 5,000 square feet; 4) the removal and replacement of three underground fuel tanks to ensure Environmental Protection Agency compliance; 5) renovation of client bathrooms to comply with ADA requirements and 6) renovation of the Center's kitchen area.

South MS Regional Center: In FY 1997, two 10-bed ICF/MR group homes in Wiggins, MS, were opened, and the construction of two 10-bed ICF/MR group homes in Gautier, MS, was completed. During FY 1997, SMRC also worked on an Americans with Disabilities Act (ADA) compliance program, the purpose of which was to bring the Center's facilities in compliance with the ADA. (This project involved the appropriate designing, fitting and/or retro-fitting of restrooms, door hardware, signage, kitchen counter heights, parking areas, and ramps). Additionally in FY 1997, SMRC began construction on a developmental training building renovation/addition project to provide office space for the Health, Physical Education and Recreation (HPER) Department, the Staff Development Department, two new classrooms, a teleconference room, video studio and a 9,100 square foot recreation/activity center for clients.

Other SMRC FY 1997 repair/renovation projects include the following: 1) an additional 3,129 square feet of warehouse space was added and 2) an additional 1,800 square feet of space was added to the Work Activity Center.

APPENDIX I

**BUREAU OF MENTAL RETARDATION
Community Service Data
Fiscal Year 1997**

SERVICE	NUMBER OF CLIENTS SERVED
Community Living Services	711
Work Activity	1,685
Early Intervention/Child Development	884
Case Management	2,240
Diagnostic and Evaluation	1,472
Employment Related Services	258
Home and Community-Based Services- MR/DD Waiver	313
Assistive Technology Evaluations	445

APPENDIX II

**BUREAU OF MENTAL RETARDATION
Community Living Services
Group Homes
Fiscal Year 1997**

PROVIDER	SITES
Boswell Regional Center	Brookhaven (3), Magee (6), Mendenhall (2), and Hazelhurst (2)
Cheshire	Gulfport
Ellisville State School	Ellisville (2), Hattiesburg (2), Laurel, and Waynesboro (2)
Hudspeth Regional Center	Meridian (2), Whitfield, and Brandon
Mississippi Christian Family Services	Rolling Fork (2)
North Mississippi Regional Center	Bruce (2), Hernando (2), Oxford (4), Tupelo (4), Fulton, and Corinth
Region 1	Clarksdale
Region 5	Greenville
Region 6	Greenwood (2)
Region 7	Starkville
South Mississippi Regional Center	Biloxi (2), Gautier, Picayune, Poplarville (3), and Wiggins (2)
Willowood	Clinton and Pearl

*Note: The above includes 10-bed ICF/MR Community Homes.

APPENDIX III

**BUREAU OF MENTAL RETARDATION
Community Living Services
Supervised Apartments
Fiscal Year 1997**

PROVIDER	SITES
Boswell Regional Center	Magee
Cheshire	Gulfport
Columbus-Lowndes	Columbus
Ellisville State School	Ellisville Laurel
Hudspeth Regional Center	Clinton Jackson Brandon
North Mississippi Regional Center	Oxford Tupelo
Region 14	Lucedale

APPENDIX IV

**BUREAU OF MENTAL RETARDATION
Respite Program
Fiscal Year 1997**

PROVIDER	SITES
Boswell Regional Center	Magee
Hudspeth Regional Center	Jackson
Lafayette County ARC	Oxford
North Mississippi Regional Center	Oxford
South Mississippi Regional Center	Long Beach

APPENDIX V

**BUREAU OF MENTAL RETARDATION
Case Management
Fiscal Year 1997**

AGENCY	SITES
Boswell Regional Center	Sanatorium
Columbus-Lowndes	Columbus
de l'Epee Center	Gulfport
Ellisville State School	Ellisville
Hudspeth Regional Center	Whitfield
Mississippi Christian Family Services	Rolling Fork
North Mississippi Regional Center	Oxford
South Mississippi Regional Center	Long Beach
Region 1	Clarksdale
Region 5	Greenville
Region 6	Greenwood
Region 7	Starkville
Region 8	Brandon
Region 11	McComb
Region 12	Hattiesburg
Region 13	Gulfport
Region 14	Pascagoula
Region 15	Yazoo City

APPENDIX VI

**BUREAU OF MENTAL RETARDATION
Work Activity
Fiscal Year 1997**

PROVIDER	SITES
Columbus-Lowndes	Columbus
Ellisville State School	Heidelberg
Hudspeth Regional Center	DeKalb
MIDD-Meridian	Meridian
MIDD-West	Vicksburg
Mississippi Christian Family Services	Rolling Fork
North Mississippi Regional Center	Bruce, Fulton, Hernando, Holly Springs, Oxford, and Tupelo
Region 1	Clarksdale
Region 4	Booneville, Corinth, Iuka, and Ripley
Region 5	Cleveland and Greenville (2)
Region 6	Greenwood, Indianola, and Lexington
Region 7	Starkville and West Point
Region 8	Brandon, Canton, and Magee
Region 11	Brookhaven, McComb, and Natchez
Region 12	Columbia, Hattiesburg, Laurel, Purvis, and Waynesboro
Region 13	Gulfport and Pearlington
Region 14	Lucedale and Pascagoula
Region 15	Yazoo City
South Mississippi Regional Center	Biloxi, Poplarville, Picayune and Wiggins
Willowood	Jackson

APPENDIX VII

**BUREAU OF MENTAL RETARDATION
Early Intervention/Child Development Program
Fiscal Year 1997**

PROVIDER	SITES
Boswell Regional Center	Natchez
Ellisville State School	Laurel and Raleigh
Hudspeth Regional Center	Whitfield, Meridian, and Yazoo City
Mississippi Christian Family Services	Cary Rolling Fork
North Mississippi Regional Center	Oxford, Grenada, and Hernando
Region 5	Cleveland and Greenville
South Mississippi Regional Center	Picayune, Gautier, Bay St. Louis, and Biloxi/Gulfport
Willowood	Jackson

APPENDIX VIII

**BUREAU OF MENTAL RETARDATION
Employment Related Activities
Fiscal Year 1997**

PROVIDER	SITES
Boswell Regional Center	Magee
Columbus-Lowndes	Columbus
Hudspeth Regional Center	Whitfield
MIDD-Meridian	Meridian
Mississippi Christian Family Services	Rolling Fork
North Mississippi Regional Center	Oxford
Region 4	Ripley
Region 5	Greenville
Region 7	Starkville
Region 8	Brandon
Region 12	Hattiesburg
Region 14	Pascagoula
SMRC	Long Beach

APPENDIX IX

**BUREAU OF MENTAL RETARDATION
ICF/MR SERVICES, FY 1997
(July 1, 1996 Through June 30, 1997)**

CENTER	LICENSED BED CAPACITY	ACTIVE BEDS- INSTIT.	TOTAL SERVED INSTIT.	ACTIVE BEDS COMM.	TOTAL SERVED COMM.
Boswell Regional Center	170	140	165	30	35
Ellisville State School	580	549	588	30	33
Hudspeth Regional Center	335	285	317	40	42
South MS Regional Center	220	160	160	60	60
North MS Regional Center	7/1/96-6/30/97 340 beds	280	299	7/1/96-6/30/97 60 beds	62

Definitions

Licensed Bed Capacity: The maximum number of beds approved by the state licensing (certifying) agency for the facility's use in providing ICF/MR services.

Active Beds: The number of beds set up and staffed (during FY 1997) to provide ICF/MR services to each resident.

Total Served: The cumulative total of individuals provided ICF/MR services from the first day of the fiscal period (July 1, 1996) through the last day of the fiscal period (June 30, 1997).

BMR - CERTIFIED BEDS ON-CAMPUS
(OTHER THAN ICF/MR BEDS) FY 1997

CENTER	BMR CERTIFIED CAPACITY	ACTIVE BEDS- ON-CAMPUS	TOTAL SERVED ON-CAMPUS
Boswell Regional Center	80	45	60

Definitions

Licensed Bed Capacity: The maximum number of beds approved by the state licensing (certifying) agency for the facility's use in providing ICF/MR services.

Active Beds: The number of beds set up and staffed (during FY 1997) to provide ICF/MR or BMR-certified services to each resident.

