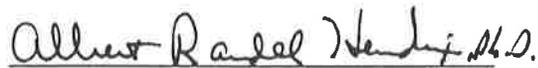


**Mississippi Department of Mental Health
Annual Report
Fiscal Year 1998**

**Presented To
State Board of Mental Health**

**Prepared By
Stephanie Foster, Assistant for Public Information
Division of Planning/Public Information**

Approved By



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

**MISSISSIPPI DEPARTMENT OF MENTAL HEALTH
BOARD MEMBERS**

**FISCAL YEAR 1998
(July 1, 1997 - June 30, 1998)**

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Albert R. Hendrix, Ph.D.
Executive Director

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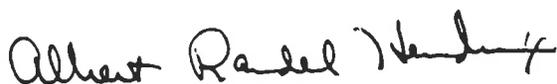
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Message From the Executive Director

This FY 1998 Annual Report provides an overview of the services, major areas of responsibility and organization of the Mississippi Department of Mental Health. As in previous years, 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 1998.

The Mississippi Department of Mental Health is committed to developing, maintaining and improving continually a comprehensive, statewide service delivery system of prevention and treatment 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 Annual Report, the Department continued in fiscal year 1998 to make strides in the improvement and expansion of this service delivery system. (By an Act of the 1998 Mississippi Legislature, Regular Session, the Department of Mental Health is now also responsible for the development and implementation of state plans for the purpose of assisting with the care and treatment of persons with Alzheimer's disease and other dementia.)

The progress summarized in this report is the result of the dedication and hard work of many. The continued concern and support of the Mississippi Legislature and the Governor have made ongoing improvements and enhancements 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 enabled the Department to achieve the accomplishments outlined in this report. Finally, the Department is 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 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 treatment service options for adults and children with mental illness or emotional disturbance, 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. By an Act of the 1998 Mississippi Legislature, Regular Session, the Department is also responsible for the development and implementation of state plans for the purpose of assisting with the care and treatment of persons with Alzheimer's disease and other dementia.

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 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 improve continually the availability, accessibility and quality of services provided through this public system. This Annual Report describes the progress made during fiscal year 1998 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 facilities operated by the Department 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 and (by an Act of the 1998 Mississippi Legislature, Regular Session) in developing and implementing state plans for the purpose of assisting with the care and treatment of persons with Alzheimer's disease and other dementia, the Department of Mental Health is committed to its obligation to administer efficiently 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 was created in 1974 by an Act of the Mississippi Legislature, Regular Session, as outlined in Sections 41-4-1 et. seq. of the Mississippi Code of 1972. 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. (In addition to these service areas, the preceding section of the Annual Report addresses the Department of Mental Health's responsibilities concerning Alzheimer's disease and other dementia, as also outlined in Sections 41-4-1 et. seq. of the Mississippi Code of 1972.)

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

State-operated facilities include the two state comprehensive psychiatric facilities (see map, p. 5 and list, p. 6) and the five regional facilities 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 service 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 comprehensive 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 are also located on the grounds of the state comprehensive psychiatric facilities. Refer to the "New Department of Mental Health Facilities in the Opening, Construction or Planning Phase" section of this Annual Report for information regarding other Department of Mental Health 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 Commissions Act, passed in 1966 and amended in 1972, 1974, 1977 and 1997, 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 in their respective areas. The governing authorities are considered regional and not state level entities. The Department of Mental Health is responsible for certifying, monitoring, and assisting the regional community mental health centers. 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.

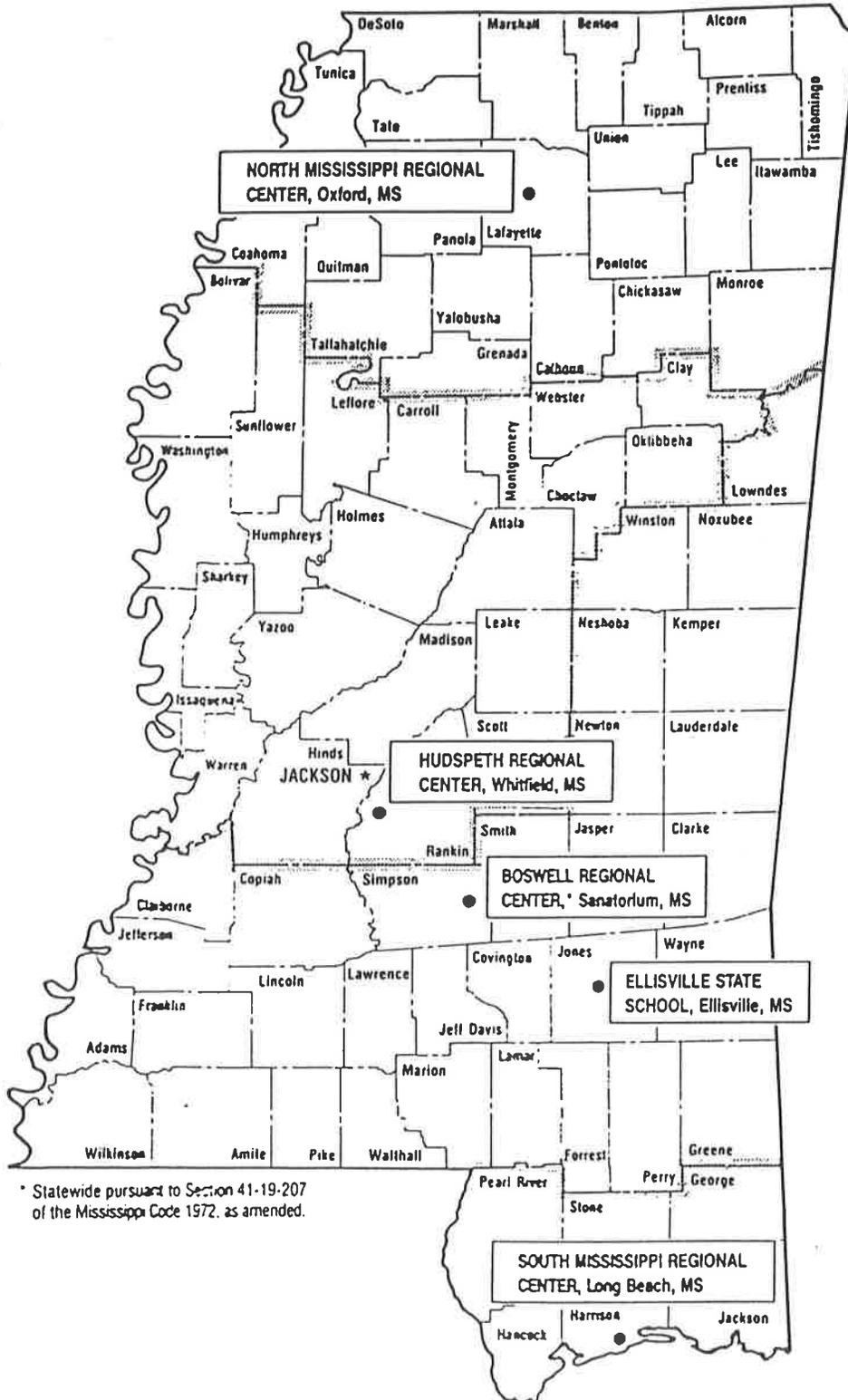
Other Nonprofit Service Agencies/Organizations, which make up a smaller part of the service system, may also receive funding through the Department of Mental Health to provide community-based services. Many of these nonprofit corporations may also receive additional funding from other sources. Programs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

**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 39304-4128
(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, Ph.D., Director
P. O. Box 128
Sanatorium, MS 39112
(601) 849-3321

Ellisville State School
Clyde Woodruff, Director
1101 Highway 11 South
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
967 Regional Center Drive
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 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 38835-0839 (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 38935-1505 (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 39760-1188 (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 P. O. Box 88 Brandon, MS 39043 (601) 825-8800 (Service); (601) 824-0342 (Admin.)</p>
<p>Region 9: Hinds</p>	<p>Jackson Mental Health Center Margaret L. Harris, Director 969 Lakeland Drive St. Dominic 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 39649-0768 (601) 684-2173</p>
<p>Region 12: Covington, Forrest, Greene, Jeff Davis, Jones, Lamar, Marion, Perry, Wayne</p>	<p>Pine Belt Mental Healthcare Resources Jerry Mayo, Interim Director 103 South 19th Avenue P. O. Box 1030 Hattiesburg, MS 39403 (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 (228) 863-1132</p>

Region 14: George, Jackson	Singing River Services Harrell Weathersby, Ph.D., Executive Director 3407 Shamrock Court Gautier, MS 39553 (228) 497-0690
Region 15: Warren, Yazoo	Warren-Yazoo Mental Health Services 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 1998, Department of Mental Health expenditures for mental health, alcohol/drug abuse, and mental retardation services totaled \$334,794,000, up from \$309,180,000 expended in Fiscal Year 1997. 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

	1995		1996		1997		1998	
	%	Amount	%	Amount	%	Amount	%	Amount
General Funds	53.03%	137,924,000	53.73%	152,741,000	51.53%	159,318,000	52.01%	174,144,000
Federal grants	7.44%	19,337,000	6.86%	19,494,000	6.99%	21,617,000	6.03%	20,190,000
3% alcohol tax	1.17%	3,036,000	1.12%	3,175,000	1.08%	3,340,000	.99%	3,300,000
Other**	38.36%	99,772,000	38.30%	108,863,000	40.40%	124,905,000	40.97%	137,160,000
Total	100.00%	260,069,000	100.00%	284,273,000	100.00%	309,180,000	100%	334,794,000

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

Figure 1a: Source of Funds, FY 1998- excluding federal Medicaid payments to CMHCs

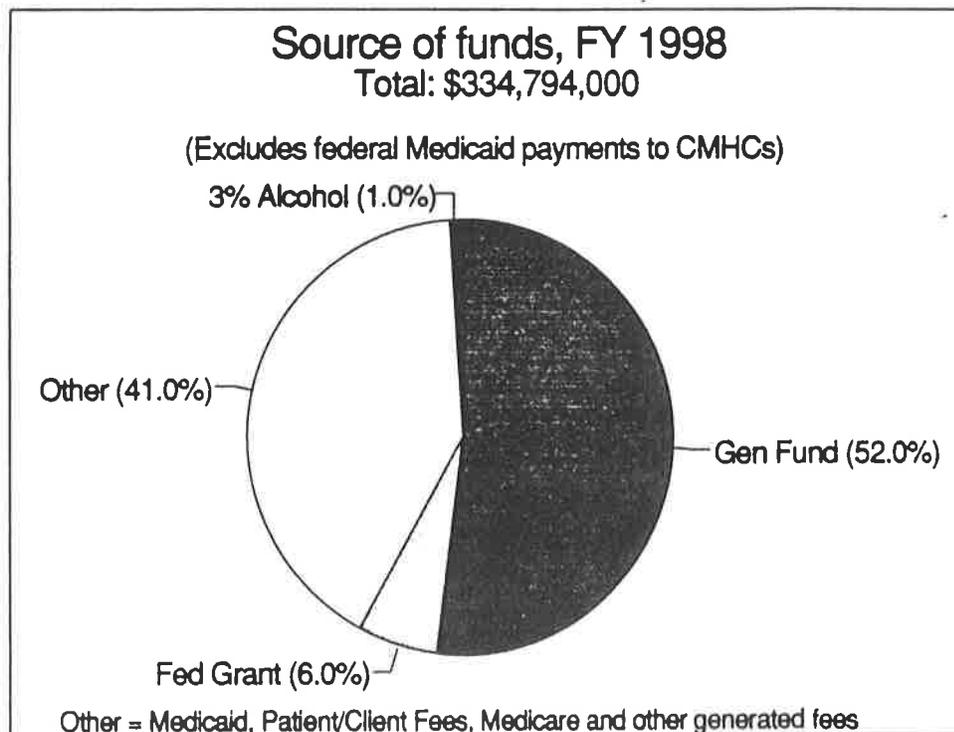


Table 1b. Source of funding - including federal share of Medicaid to CMHCs

	1995		1996		1997		1998	
	%	Amount	%	Amount	%	Amount	%	Amount
General Funds	47.86%	137,924,000	48.94%	152,741,000	46.99%	159,318,000	47.18%	174,144,000
Federal grants	6.71%	19,337,000	6.25%	19,494,000	6.38%	21,617,000	5.47%	20,190,000
3% alcohol tax	1.05%	3,036,000	1.02%	3,175,000	0.99%	3,340,000	.89%	3,300,000
Other**	44.37%	127,873,000	43.79%	136,664,000	45.65%	154,764,000	46.46%	171,467,000
Total	100.00%	288,170,000	100.00%	312,074,000	100.00%	339,039,000	100.00%	369,101,000

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

Figure 1b: Source of Funds, FY 1998- including federal Medicaid payments to CMHCs.

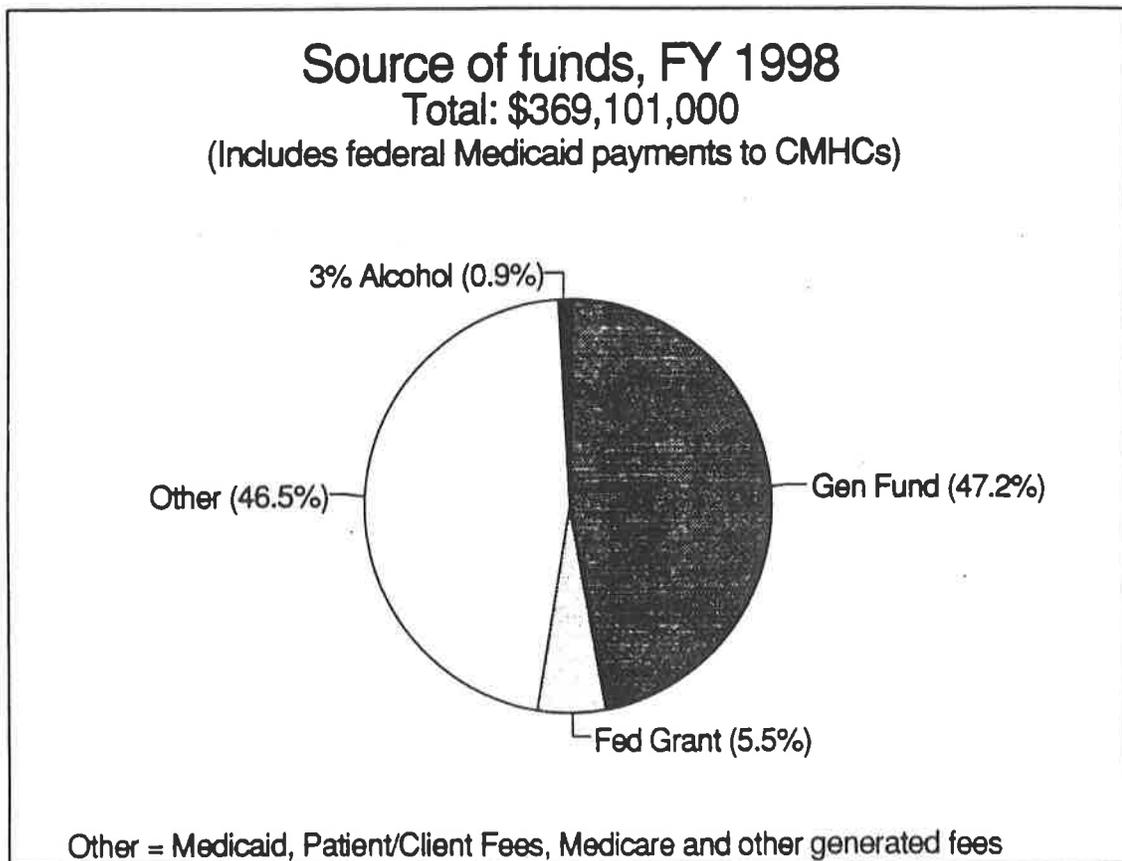


Table 2a: Each dollar expended by the Department (FY 1995 - FY 1998), excluding federal Medicaid funds drawn by the CMHCs, generated services to Mississippians in the following proportions:

	<u>FY 1998</u>	<u>FY 1997</u>	<u>FY 1996</u>	<u>FY 1995</u>
Mental Health - institutional	\$0.39	\$0.39	\$0.39	\$0.39
Mental Retardation - institutional	0.35	0.36	0.36	0.37
Mental Health - community	0.09	0.08	0.08	0.08
Mental Retardation - community	0.11	0.11	0.11	0.10
Alcohol & Drug - community	0.04	0.04	0.04	0.04
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 1998 - excludes federal Medicaid payments

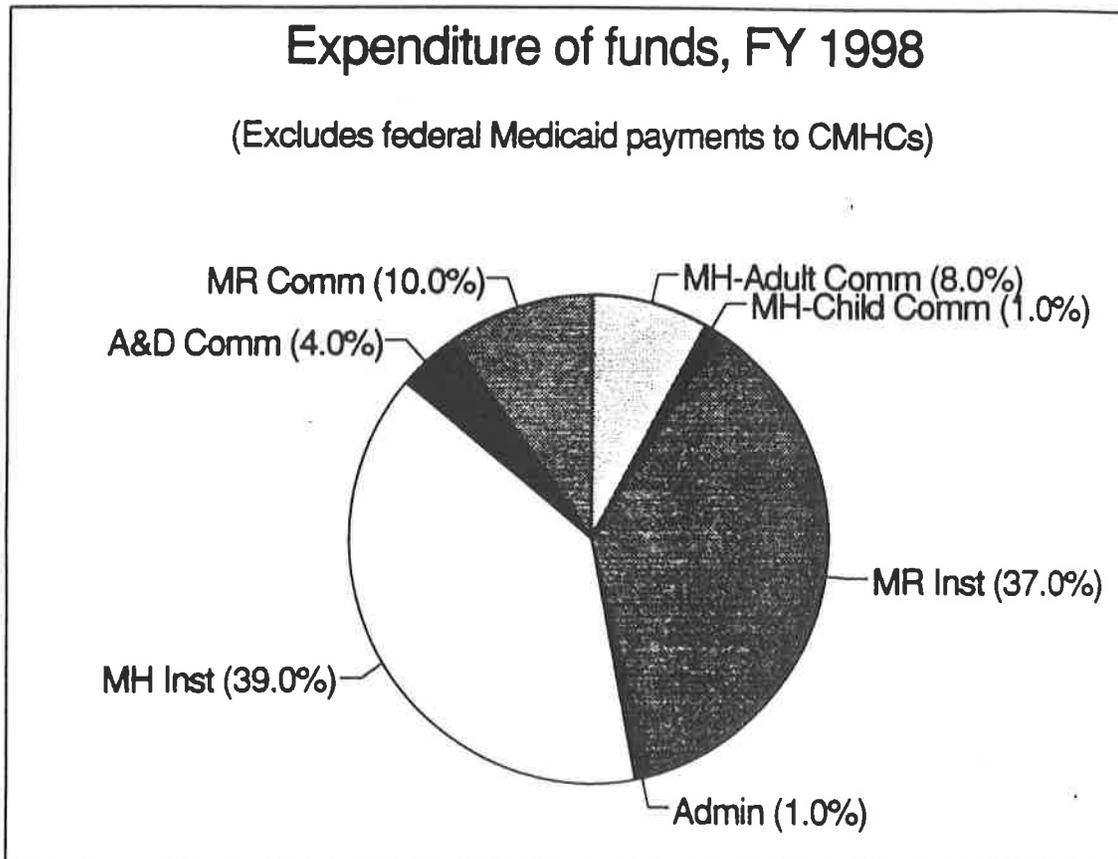
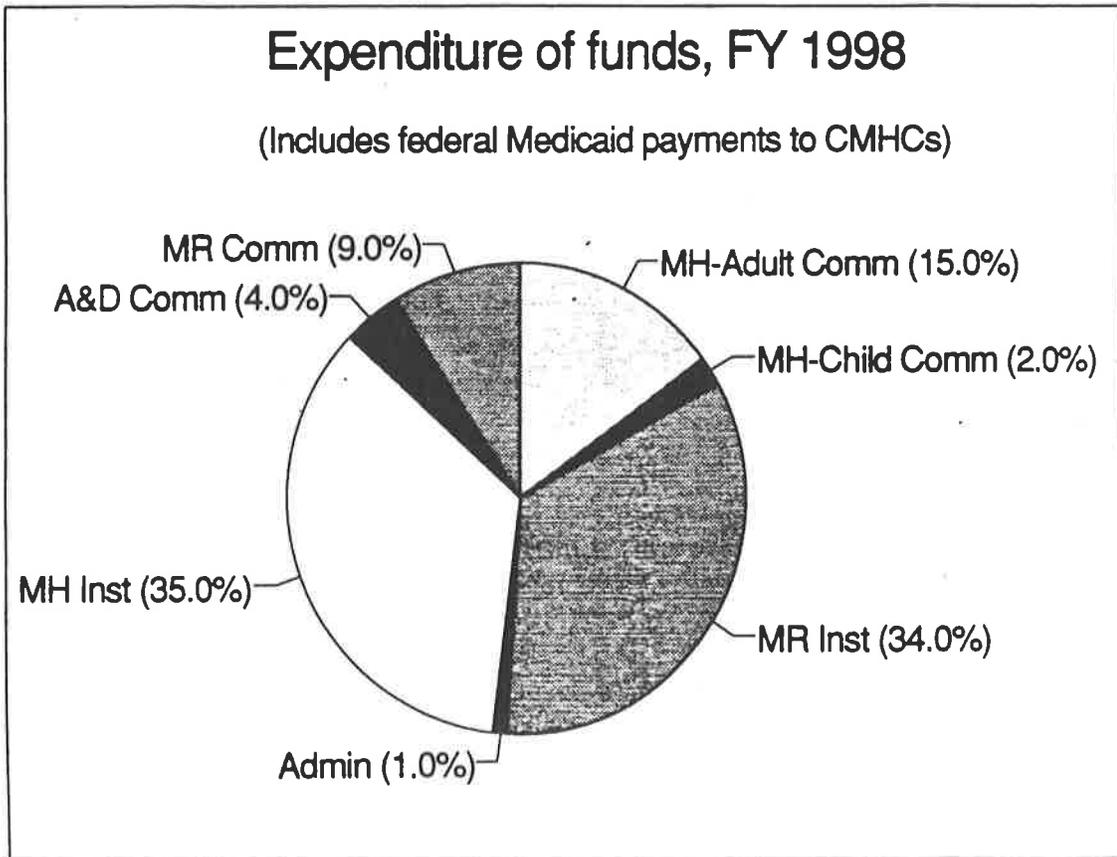


Table 2b: Each dollar expended by the Department (FY 1995 - FY 1998) including federal Medicaid funds drawn by CMHCs, generated services to Mississippians in the following proportions:

	<u>FY 1998</u>	<u>FY 1997</u>	<u>FY 1996</u>	<u>FY 1995</u>
Mental Health - institutional	\$0.35	\$0.35	\$0.35	\$0.35
Mental Retardation - institutional	0.32	0.33	0.33	0.34
Mental Health - community	0.17	0.16	0.16	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>0.02</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 1998- includes federal Medicaid payments



Human Resources

A total of 9,126 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 1998. The total number of authorized positions in full-time equivalents (FTEs) for FY 1998 was 9,061 (See Table 3 on next page.) Funds appropriated to the Department of Mental Health for personnel for FY 1998 were sufficient to pay for approximately 87% or 7,883 of its authorized positions.

MISSISSIPPI DEPARTMENT OF MENTAL HEALTH AUTHORIZED POSITIONS, Fiscal Year 1998

	Permanent			Time Limited			Grand Total
	Full Time	Part Time	Total	Full Time	Part Time	Total	
Comprehensive Regional Psychiatric Facilities:							
Central Mississippi Residential Center	10	0	10	0	0	0	10
East Mississippi State Hospital	1,303	6	1,309	116	0	116	1,425
Mississippi State Hospital	2,762	11	2,773	213	0	213	2,986
North Mississippi State Hospital	140	0	140	0	0	0	140
South Mississippi State Hospital	4	0	4	0	0	0	4
Subtotal	4,219	17	4,236	329	0	329	4,565
Comprehensive Regional Retardation Facilities:							
Boswell Regional Center	441	3	444	80	2	82	526
Ellisville State School and Farm	1,419	32	1,451	33	0	33	1,484
Hudspeth Regional Center	798	28	826	38	0	38	864
Mental Retardation Juvenile Rehabilitation Facility	118	0	118	5	0	5	123
North Mississippi Regional Center	727	19	746	87	14	101	847
South Mississippi Regional Center	543	8	551	66	4	70	621
Subtotal	4,046	90	4,136	309	20	329	4,465
Central Office (Includes 3% Alcohol Tax)	65	3	68	28	0	28	96
GRAND TOTAL	8330	110	8,440	666	20	686	9,126
Full time equivalents (all of full time and half of part time)							9,061

Table 3

Legislative Initiatives in FY 1998

To meet better the needs of individuals it serves, the Department of Mental Health (DMH) proposed the following changes to state legislation during the 1998 Regular Session of the Legislature.

1. Central Mississippi Residential Center

HB 1030

Proposed: This proposed legislation would statutorily establish the existence of Central Mississippi Residential Center (Clarke College). The facility would serve persons who have attained the age of 21 years with chronic mental illness who would benefit from a structured living environment.

Outcome: Passed and approved by the Governor

2. Educational Leave

HB 1633

Proposed: The Department of Mental Health again proposed changes in the educational leave law which would facilitate revocation of licenses of persons in default of their educational leave agreements.

Outcome: Passed and approved by the Governor

3. Treatment of Alzheimer's

SB 2200

Proposed: This proposal would add a new section to the Department of Mental Health enabling statutes which would authorize the development of a state plan for treatment of persons with Alzheimer's.

Outcome: Passed and approved by the Governor

4. Costs

SB 2501

Proposed: This proposal would eliminate the portion of the commitment relating to the "posting with the clerk a reasonable sum for court costs." This statement is in conflict with the Sections specifically relating to costs, Section 41-21-79, which

provides that costs should be paid out of the estate of the person who is being committed or the county of residence if the respondent is unable to pay.

Outcome: Died in committee

5. **Vehicles**

SB 2505

Proposed: This proposal would amend Section 25-1-85 by adding South Mississippi State Hospital, Central Mississippi Residential Center, and the Brookhaven Rehabilitation Center to the list of agencies authorized to purchase and operate state vehicles.

Outcome: Passed and approved by the Governor

6. **Emergency Detention**

SB 2759

Proposed: This proposal would allow for emergency detention by a physician/psychologist until an affidavit could be filed with the Chancery Clerk's office which would institute commitment proceedings.

Outcome: Died in committee

**New Department of Mental Health Facilities
in the Opening, Construction or Planning Phase**

Update as of April 1999

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

1. Funding for a 50-bed inpatient acute psychiatric hospital for adults with serious mental illness in the northern part of the state (North Mississippi State Hospital):
 - located in Tupelo, MS;
 - facility opening date: April 1999

2. Funding for a 16-bed community-based crisis center, to be operated as a satellite of North Mississippi State Hospital:
 - to be located in Corinth, MS;
 - planning underway;
 - anticipated completion: 2000

3. Funding for a 50-bed inpatient acute psychiatric hospital for adults with serious mental illness in the southern part of the state (South Mississippi State Hospital):
 - located in Purvis, MS;
 - under construction;
 - anticipated completion: early part of 2000

4. Funding for the purchase and renovation of the old Clarke College Property (now the Central Mississippi Residential Center):
 - located in Newton, MS;
 - the Central Mississippi Residential Center (formerly the old Clarke College Property) in Newton, MS, is currently being renovated to provide a specialized residential treatment program for adults with long-term, serious mental illness discharged/transferred from the state psychiatric hospitals;
 - the provision of some respite capacity for adults with mental illness is also planned;
 - projected bed capacity: approximately 170 beds;
 - anticipated completion: Spring 2001

5. Funding for a 16-bed community-based crisis center, to be operated as a satellite of the Central MS Residential Center:
 - to be located in Newton, MS;
 - planning underway;
 - anticipated completion: 2001
6. The 1999 State Legislature authorized construction of seven community-based crisis centers, two of which are described above. The locations of the remaining five crisis centers have yet to be determined/finalized.

For Children/Adolescents

7. Funds for construction of a new 50-bed acute psychiatric and chemical dependency inpatient treatment unit for adolescents to replace the existing adolescent unit at East Mississippi State Hospital in Meridian, MS:
 - to be located in Meridian, near the hospital, behind the MS State University annex;
 - to include acute psychiatric and chemical dependency inpatient treatment for adolescents;
 - planning underway;
 - anticipated completion: 2000
8. 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 in Meridian, MS.
9. Funding has 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:
 - the facility for youth involved with the criminal justice system who meet commitment criteria for mental retardation, the Juvenile Rehabilitation Facility, is located in Brookhaven, Mississippi, and its anticipated opening is Spring 1999;
 - the facility for youth involved with the criminal justice system who meet commitment criteria for mental illness will be located in Harrison County, Mississippi; planning is underway for its construction, and it is anticipated that this facility will be completed in the year 2000.

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. Members' terms are staggered to ensure continuity of quality care and professional oversight of services. By statute, the nine-member board is composed of a physician, a psychiatrist, a clinical psychologist, a social worker with experience in the field of mental health, and one citizen representative from each of Mississippi's five congressional districts. In addition to the nine board members whose terms of service are staggered, Mr. J.C. Williamson was proclaimed "Honorary Board Member Emeritus" by Governor Kirk Fordice in 1998. This distinction makes Mr. Williamson an honorary lifetime board member.

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 coordinating efforts with the Attorney General's Office and serving as general counsel to the State Board of Mental Health, the Executive Director of the Department of Mental Health and Department staff in legal matters, such as policy development, special personnel actions, and other areas of department, facility and program administration. The Legal Services Unit also drafts legislation proposed by the Department of Mental Health.

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

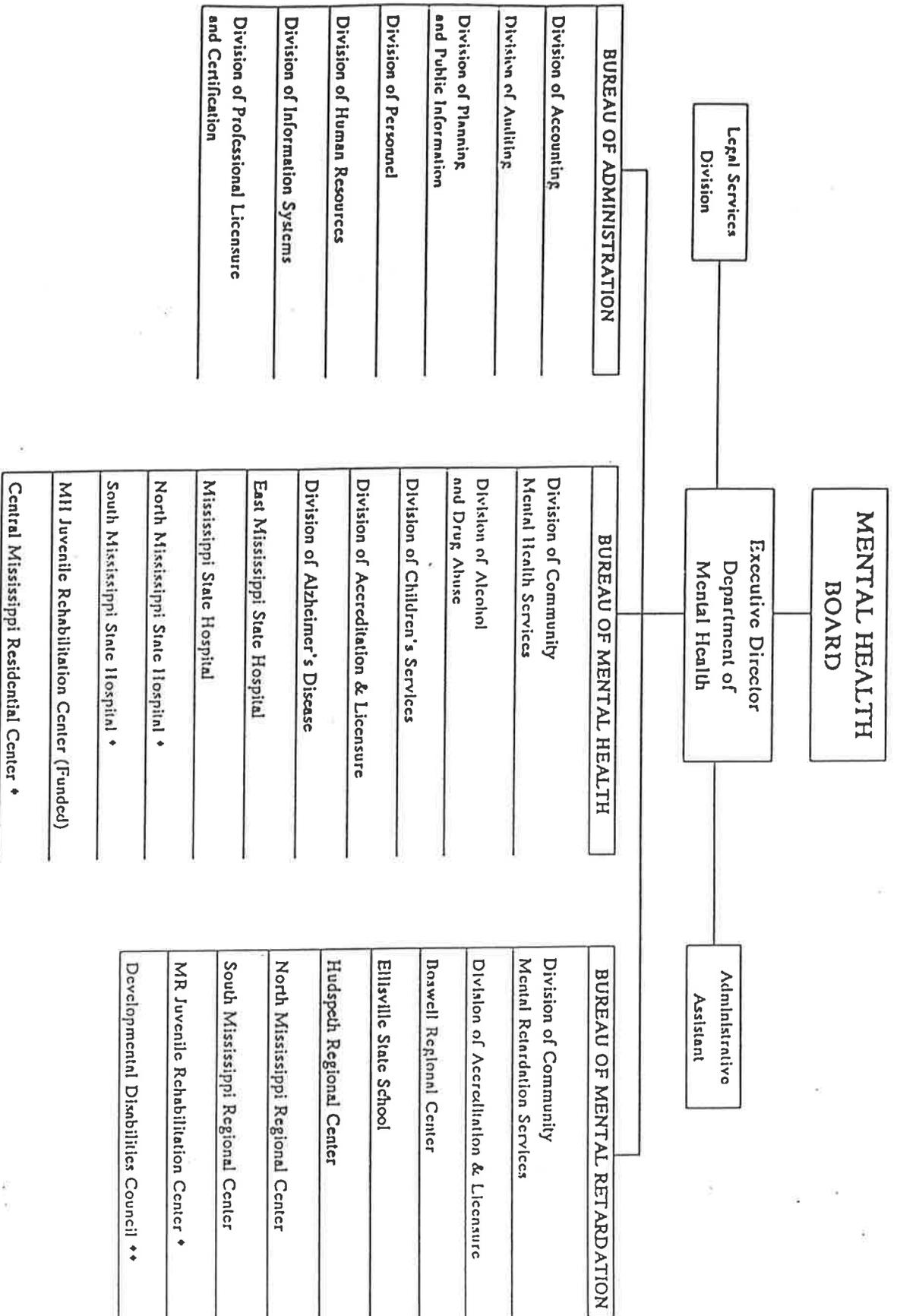


Figure 3

* 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 1998

The Bureau of Administration and its divisions work in concert with the direct service bureaus, including the state facilities, to administer effectively 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 and reports for mental health, mental retardation, and/or alcohol/drug abuse services, and for providing data, presentations, and other public information requested by the public, including consumers or families, professionals, and elected 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 is also responsible for recruiting staff members and evaluating the personnel requirements of programs directly administered by the Department of Mental Health. 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 administrators and for coordinating administrative functions of the Board of Examiners for Licensed Professional Counselors.

Progress and Service Highlights in FY 1998
Bureau of Administration

**ACCOUNTING/
AUDITING**

All subrecipient grants were audited for the fiscal year ending June 30, 1997, and September 30, 1997, 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 64 subrecipients covering 311 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 1998, 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 1998, 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 1998, the Department of Mental Health completed a final budget cycle under a no-cost extension to 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. This 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 the mental health services setting. 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 year 1998, 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 1998. It is anticipated that full conversion to the new data system will occur in late 1998.

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 planning purposes. Regional community mental health centers that had adopted the common software system and moved to the DMH standard data set 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. The module was used again in 1998, with possible plans to expand reporting to cover alcohol and drug services in 1999.

4. Regular contacts with common data system vendors

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

5. Attendance, as requested, at the 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 data set has been fully implemented and tested at five sites to date. The questions of whether or not the DMH intends to pursue the collection of the core data set or, as an alternative, continue requiring submission of aggregate data reports remains open.

In 1998, 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 effort 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, thereby increasing the total number of installations to 12 of 15 or 80% of the CMHC regions.

8. The passage of Senate Bill 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 contract was awarded to the Capitol Area Mental Health Association. During the past six months, 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 has 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 Outcomes Measures 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 of 1997.

9. Distribution of Manual of Uniform Data Standards

The Manual of Uniform Data Standards 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 allows 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 on a quarterly basis. The Director of the Division of Information Systems also attends various meetings with clinical and business staff to discuss data related issues and concerns. These meetings are utilized 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 1998, 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 1998 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 into, 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;
- responding to requests for information from the Council or individual Council members; and,
- 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 into and development of the Mississippi State Mental Health Plan, Community Mental Health Services: Adults and Children with Serious Mental Illness, FY 1998. 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 1997 meeting. The FY 1998 State Plan was submitted as part of the state's application for FY 1998 federal mental health (CMHS) block grant funds by the September 1, 1997, deadline.

The Division designed, disseminated and compiled the results of the FY 1997 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 1997 State Plan Implementation Report, which described progress on implementation of objectives in the FY 1997 State Plan. This report was submitted to the Center for Mental Health Services (CMHS) by the December 5, 1997, deadline as part of the FY 1998 CMHS Block Grant Application.

Following submission of the FY 1998 CMHS Block Grant Application, the Division continued state plan and assistance activities with the Council and Department staff, as described above. During FY 1998, 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 1998 Plan objectives. The Division also coordinated initiation of the process for obtaining Council input into and drafting of the Plan for FY 1999. Also,

the Division continued to provide administrative support to Council committees, including the Children's Services Task Force and Legislative Committee, as well as the Continuity of Care Committee (established by the Department of Mental Health but included in State Plan objectives). Additionally, the Division conducted a Planning Council orientation session in February 1998 for new Council members and others interested in attending.

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 1999.

The Division prepared and disseminated the FY 1997 Annual Report for the MS Department of Mental Health.

The Division compiled and presented the 1997 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.

PERSONNEL

In FY 1998, the Division of Personnel coordinated with the nine facilities administered by the Department of Mental Health the development of the FY 1999 budget request for the agency. Goals for personal services for FY 1999 were continuance of the addition of new positions for the two psychiatric hospitals in order to meet staffing requirements of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and continued expansion of the community-based ten-bed intermediate care facilities for persons with mental retardation. In addition, the Division of Personnel assisted in the development of the personal services budget for the new, soon-to-open, Juvenile Rehabilitation Facility located in Brookhaven, MS.

As a result of the passage of Senate Bill 2100, the Mental Health Reform Act of 1997, the Division of Personnel worked with the State Personnel Board to develop and implement a career ladder for Direct Care Workers employed in all Department of Mental Health facilities. As part of the career ladder, a new job class was developed, the MH-Direct Care Worker, Advanced, to allow for promotional opportunities for direct care staff who have demonstrated good work habits but may not move into supervisory positions. The career ladder

allowed for significant pay increases for direct care staff and was implemented July 1, 1997.

Additionally, the Division of Personnel worked with the State Personnel Board to develop a new job class series for recreation workers. The new series also provided for a career ladder and significantly raised salaries for recreation staff with degrees in recreation and/or who are certified in recreation therapy. The implementation of the new recreation series should greatly improve the ability of the facilities to recruit qualified and certified recreation staff.

In FY 1998, the Division of Personnel, at the direction of the Executive Director of the DMH, developed a proposal to the State Personnel Board which would allow the Department of Mental Health to award educational benchmarks to all staff receiving certification or licensure as: a Certified Mental Health Therapist, a Licensed Clinical Mental Health Therapist, a Certified Mental Retardation Therapist, a Licensed Clinical Mental Retardation Therapist or a Licensed Mental Health/Mental Retardation Program Administrator. The proposal was approved by the State Personnel Director and implemented in May of 1998.

Type/Duty/Location pay for nurses, a special compensation plan designed to assist the Department of Mental Health in the recruitment and retention of nurses, was reconsidered by the State Personnel Board and continued in FY 1998 for Mississippi State Hospital, Hudspeth Regional Center, East Mississippi State Hospital, North Mississippi Regional Center and South Mississippi Regional Center.

In FY 1998, the Division of Personnel assisted Bureau Chiefs and Division Directors in the Central Office in identifying critical staffing needs and in selecting and hiring staff to fill those needs. Several new MH-Program Planner/Evaluators, Auditors, and support staff were employed to improve and expand services rendered from the Central Office. In addition, a new division, the Division of Alzheimer's Disease and Other Dementia, was created in FY 1998 to develop and implement state plans for the purpose of assisting with the care and treatment of persons with Alzheimer's disease and other dementia. The Office of Constituency Services, newly established near the end of fiscal year 1997, was added to address complaints/compliments regarding state and community mental health/mental retardation facilities which are received from consumers, family members and the general public and to provide information and/or referrals regarding services for persons with mental illness, mental retardation and substance abuse. The Division of

Personnel worked with the State Personnel Board to establish new positions to staff these new service areas.

The Director 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 and input to the State Personnel Director.

The Division of Personnel provided technical assistance to the nine facilities administered by the Department of Mental Health in the processing of special requests of the State Personnel Board throughout FY 1998.

HUMAN RESOURCES

In FY 1998, the Division of Human Resources produced and distributed four Training Events Listings (TEL) (name of Human Resources Opportunities Listings was changed). Approximately 532 copies were distributed statewide, and the mailing list was updated. Also in (federal) fiscal year 1998, the Division of Human Resources produced and distributed three quarterly newsletters of Library Acquisitions Listings (approximately 300 copies each) in October 1997, April 1998, and July 1998. A yearly bibliography was mailed in February 1998 (approximately 200 copies). The major categories of audiences targeted included: directors and staff development directors of state facilities; directors and staff training coordinators in the community mental health/mental retardation centers, other state agencies and human resource organizations, and the Depository Libraries in Mississippi through the Mississippi Library Commission. Documentation is on file in the Division of Human Services.

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). Approximately 1,100 application

booklets for Department of Mental Health credentialing were distributed in FY 1997.

In FY 1998, an additional licensure program for administrators of mental health/mental retardation programs was developed. The Licensed Mental Health/Mental Retardation Administrator program was implemented on January 1, 1998.

During FY 1998, PLACE staff distributed more than 700 application booklets at the request of various individuals and programs; approximately 250 applications have been received and processed. In FY 1998, a total of 217 applicants completed the application and review process and were awarded professional certification as a Provisionally Certified Mental Health Therapist, a Certified Mental Health Therapist, a Licensed Clinical Mental Health Therapist, a Provisionally Certified Mental Retardation Therapist, a Certified Mental Retardation Therapist, a Licensed Clinical Mental Retardation Therapist or were admitted to the Licensed Mental Health/Mental Retardation Administrator program.

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 1998

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/office and the two state comprehensive psychiatric facilities.

The Bureau of Mental Health oversees the two state comprehensive psychiatric facilities, Mississippi State Hospital and East Mississippi State Hospital, and the following divisions/office that are involved primarily with community services offered through the Department. This section of the annual report describes accomplishments made in Fiscal Year 1998 through these divisions, office and facilities.

Community Program Monitoring and Certification

The Division of Accreditation and Licensure for Mental Health, 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 for Mental Health 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;
- Chairing the Standards Committee, which develops 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;
- Coordinating the peer review/quality assurance teams, implemented in fiscal year 1998, which may review community programs operated and/or funded through the DMH. Peer review/quality assurance teams consist of consumers, family members and other service providers; and,
- The Director of the Division of Accreditation and Licensure for Mental Health also serves as Chapter Director for the National Coalition Building Institute (NCBI) MS Chapter. This group meets monthly and provides training in prejudice reduction and conflict resolution.

Office of Constituency Services

The Office of Constituency Services, located in the state central office, was established near the end of FY 1997. This office is responsible for the documentation, investigation, and resolution of all complaints/grievances regarding state and community mental health/mental retardation facilities which are received from consumers, family members, and the general public. In addition, the Office of Constituency Services operates and maintains a computerized database to provide information and/or referrals regarding services for persons with mental illness, mental retardation and substance abuse to callers using a toll-free help line. Progress reports of fiscal year 1998 activities for this office are located on pp. 49 and 74 of this annual report.

Progress and Service Highlights in FY 1998
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. 25 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 1998, the Department of Mental Health staff (including mental health and mental retardation) conducted a total of 45 certification reviews for compliance with state standards in the following service areas:

Division of Children and Youth	13
Division of Alcohol and Drug Abuse	17
Division of Community Mental Retardation Services	10
Division of Community (Mental Health) Services	<u>5</u>
Total	45

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 1998, Department of Mental Health staff (including mental health and mental retardation) conducted a total of 112 record monitoring and site reviews in the following service areas:

Division of Children and Youth	24
Division of Alcohol and Drug Abuse	16
Division of Community Mental Retardation Services	44
Division of Community (Mental Health) Services	<u>28</u>
Total	112

Minimum Standards

During FY 1998 the Division of Accreditation and Licensure for Mental Health 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. 32-34 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. 38-41 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 1998 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.

CRISIS SERVICE OPTIONS

Crisis Residential Treatment Services provide services for adults within their communities for crises that, unaddressed, will likely result in hospitalization. These services are currently available in Regions 13 and 15.

Partial Hospitalization (Acute) Services is a short-term intervention that includes a broad range of intensive/therapeutic approaches including group, individual, and recreational therapies, and medical services, as needed, for individuals with intensive needs because of mental illness. This service is only available in Region 12.

**Progress And Service Highlights In FY 1998
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 1998 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 1998, core community mental health services were provided through the public community mental health system to 35,439 adults with serious mental illness.

Senate Bill 2100 (the Mental Health Reform Act) was passed during the 1997 State Legislative Session and 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. In addition to exclusion of community mental health center programs from Medicaid capitated programs, the legislation further codified 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 both adults and children across the 15 mental health regions in the state. The provision of additional services or service expansion is contingent upon availability of funds for such increases.

In FY 1998, the Department of Mental Health began processes to implement various provisions of SB 2100, which will continue in FY 1999.

During FY 1998, the DMH formed a Peer Review Advisory Group, composed of family members, consumers, providers and DMH staff, to develop a peer review process for community mental health services. Protocols for the peer review visits were developed, and peer review teams were formed to conduct on-site visits at the same time as, but separate from

DMH certification site visits. Piloting of this peer review process, which is being implemented by the Mental Health Association of the Capital Area, Inc., (under contract with DMH) began in FY 1998. A Performance/Outcome Measures workgroup, comprised of DMH staff, service providers, consumers and family members, continued meeting in FY 1998. The DMH Office of Constituency Services, newly established near the end of FY 1997, continued work in FY 1998 to develop policies and procedures for its operation, which include receiving, investigating and resolving consumer complaints in all programs and services operated and/or certified by the DMH. Information and referral software, to provide more timely access to information about services certified by the DMH, was purchased and installed, and staff received training in its operation. The software also has reporting capabilities to track the nature and frequency of calls. Work continued to enter necessary data in this system. Work also continued on the development of informal and formal procedures, including time lines and standard forms, for use in implementing the complaint/grievance process.

In FY 1998, the DMH also provided funding for additional crisis residential centers and for staffing for three supervised apartments or apartment complexes. The DMH continues to work with a Community Residential Services Task Force to develop recommendations for improving and expanding residential/housing services and to seek additional funding to expand community living options for adults with serious mental illness. The DMH worked in FY 1998 through a Clubhouse Task Force to review and make recommendations for improving this service area. The DMH also continued work through the Continuity of Care Committee and its workgroups to make recommendations for addressing continuity of care issues and to determine better case management and other needs of individuals entering and being discharged from state psychiatric facilities. Additionally, DMH staff have worked in FY 1998 to develop additions and revisions to the DMH Minimum Standards for Community Mental Health/Mental Retardation Services to address changes related to implementation of SB 2100 as needed to date. These proposed revisions, designed to improve program quality and accountability, were presented to the State Board of Mental Health in November 1998 (FY 1999), beginning the official public review process.

Status of progress and plans for continued implementation of processes to implement various provisions of the Mental Health Reform Act within the FY 1999 time line were also described in FY 1998 in objectives in the FY 1999 State Plan for Community Mental Health Services for Adults with Serious Mental Illness (approved by the Mental Health Planning Council and the State Board of Mental Health in August 1998, and submitted to the Center for Mental Health Services in September 1998).

In FY 1998, as part of efforts to address compliance with the parameters of Senate Bill 2100, as described previously, the Performance/Outcome Measures Work Group (made up of families, consumers, providers and DMH staff) continued to work on performance/outcome measures. The committee developed a draft of potential performance/outcome measures for services for adults with serious mental illness, as well as for children's mental health services and alcohol and drug services. The DMH also began piloting in one of two regions a consumer satisfaction survey based on some of the draft performance/outcome measures developed by the committee. The committee also reviewed and considered possible standardized functional assessment instruments that might be piloted to collect other information in the draft performance/outcome measures.

A total of \$6,020,000 in additional state funds over FY 1997 state funding was requested in FY 1998 as follows:

- Medications: \$ 200,000
- Medicaid match: 1,116,000
- Residential treatment facilities (crisis): 3,504,000
- Crisis intervention: 900,000
- Compulsive gambling treatment: 300,000

Of the total requested in FY 1998, the Legislature appropriated \$1,000,000 in additional state funds over FY 1997 funding for Medicaid match for services for adults with serious mental illness and children with serious emotional disturbance or for crisis residential treatment centers for adults.

In FY 1998, the Division of Medicaid approved a new reimbursement plan effective October 1, 1998. This new plan increased reimbursement for medication evaluation and monitoring, individual therapy, psychosocial rehabilitation services, family therapy, and group therapy. The Division of Medicaid and the Department of Mental Health also agreed to review for implementation, crisis/emergency services. Current plans are for Regions 6, 12, and 15 to work with the Division of Medicaid to write a Medicaid waiver to pilot crisis services.

In FY 1998, the Continuity of Care Committee continued its process to develop recommendations to address barriers to continuity of services across community and inpatient systems of care, initially identified in FY 1997. As mentioned previously, three workgroups had been formed to address barriers in major areas. By the end of FY 1998 (September 1997), the Entry/Crisis

Workgroup and the Maintenance/Transition Workgroup had concluded their meetings to develop recommendations for submission to the full Continuity of Care Committee for final consideration. The Court Workgroup held two additional meetings (on October 22, 1997, and November 14, 1997) to produce a partial list of recommendations to address barriers related to court issues and the civil commitment process; they concluded that the Court Workgroup had issues in addition to those recommendations that required further discussion, work and consensus before presentation to the full Continuity of Care Committee. For example, the Court Workgroup identified several issues specific to continuity of services for adolescents and additional issues related to outpatient commitment, which it thought warranted additional discussion.

In October 1997, an update on the work of the Continuity of Care Committee and its workgroups was provided to the MS State Mental Health Planning Council. The full Continuity of Care Committee met again on November 21, 1997, to review draft recommendations developed by the workgroups and to develop consensus on its first set of recommendations to address the barriers to continuity of care it initially identified. Final recommendations were adopted by the Continuity of Care Committee and presented in status reports to the Mississippi State Board of Mental Health and to the Mississippi State Mental Health Planning Council at their respective meetings in January 1998.

The Continuity of Care Committee also formed a Transportation Workgroup to begin work on a recommendation pertaining to transportation services, particularly in rural areas. The Transportation Workgroup met on February 23, 1998, April 20, 1998, and June 8, 1998, focusing its efforts on identifying successful local strategies for providing transportation and interagency collaboration and coordination of transportation resources. Members of the workgroup also attended the first Statewide Transportation Coordination Conference in May 1998, sponsored by the Mississippi Department of Human Services and the Mississippi Department of Transportation. Another update on activities of the workgroup was provided to the MS State Mental Health Planning Council in August 1998. Concerns regarding the pre-evaluation screening/civil commitment process were brought before the Court Workgroup. A sub-committee was formed to review how Chancery Clerks, Chancery Court Judges, Law Enforcement personnel, CMHC staff, family members and consumers could be educated and trained on the Civil Commitment process and the importance of their role in this process. This Court Work Group Committee met on July 9, 1998; August 14, 1998; and, October 2, 1998. Minutes of meetings of the Continuity of Care Committee and its workgroups were kept and disseminated to participants.

**COMMUNITY
SUPPORT
SYSTEMS**

In FY 1998, the CMHS Block Grant funding cycle was changed from an October 1st start date to an April 1st start date. April 1, 1998, was the beginning of the first funding cycle using the new funding cycle. These grants were awarded from April 1, 1998, to September 30, 1999. Since the applications for CMHS funds were approved in September 1997 (reflecting the previous October funding cycle) and six months had lapsed, it was decided not to require providers to re-submit applications for the new April start date. The next review of CMHS plans will occur in March 1999 when applications will be due for the next funding cycle.

In FY 1998, 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 statewide Standardization of Forms Work Group to review and standardize documentation requirements for providers, including the community support assessment/life domains assessment. During FY 1998, this work group met on November 3, 1997, and March 12, 1998. On April 28-May 1, 1998, a statewide training was provided by the DMH on these new requirements. These standardized documentation requirements went into effect May 1, 1998.

**CASE
MANAGEMENT**

In FY 1998, 13,767 adults with serious mental illness received case management services. There were 298 case managers statewide.

In FY 1998, providers were required by the DMH Minimum Standards for Mental Health/Mental Retardation 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, 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 1998, DMH sponsored case management orientations on October 2-3, 1997; November 6-7, 1997; March 12-13, 1998; April 2, 1998; April 16-17, 1998; and, September 3-4, 1998. The number of case managers trained in these sessions were 11, 14, 12, 9, 9, and 21, respectively, for a total of 76. In FY 1997 and FY 1998, as in previous years, the DMH again disseminated case management brochures for their distribution to individuals with serious mental illness who are receiving Medicaid and are served through the public

community mental health system and for 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 1998, the 16 psychosocial rehabilitation programs were continued. Statewide, within these 16 programs were 67 clubhouse sites, which served a total of 3811 individuals during the year. Additionally, in FY 1998, the Department of Mental Health continued the Clubhouse Task Force, which was made up of consumers, family members, service providers and DMH staff. The objective of the task force was to discuss problems and concerns with the clubhouse model as well as positive attributes of the model and to devise a corrective plan of action to improve the clubhouses statewide. The task force met on July 9, 1998; July 27, 1998; and, October 1, 1998. Based on these discussions, the Clubhouse Task Force concluded that the major needs of the clubhouses centered around training of staff, definition of transitional employment, and periodic meetings and cross-trainings between clubhouses statewide. The DMH Division of Community Services staff received one week of training from Gateway House, an official training site of the International Center for Clubhouse Development, in Greenville, South Carolina, from August 22-28, 1998.

In FY 1998, there were 186 transitional and supported employment sites within 16 clubhouse programs (in all 15 regions). The total available employment placements clubhouses secured in FY 1998 was 236. A total of 241 consumers with serious mental illness were served in transitional employment and/or supported employment in FY 1998.

Examples of Specific Vocational/Employment/Educational Services provided to adults with serious mental illness, in addition to or in conjunction with vocational rehabilitation services (described above) and in consumer education programs in FY 1998 included: vocational evaluations, job skills training, job placement, job coaching, employment counseling, supportive employment, transitional employment, assistance in job searching, college/vocational assistance, volunteer work, apprenticeship program work, vocational training, work with Allied Enterprises, GED classes, adult literacy education, financial counseling/assistance, adult basic education, consumer education programs, family education programs, health education, parenting classes, writing and other art workshops, homemaking skills, and education about social security benefits. The CMHCs and the Community Services Divisions of the two state psychiatric hospitals continued linkages with a variety of agencies in local communities to access these services. Examples of those agencies include: the Mississippi Department of Rehabilitation

Services (including county Vocational Rehabilitation Offices), Allied Enterprises, MS Department of Human Services, ACT Center, Work Opportunity Resources Center, MS Employment Security Commission, Royal Maid, Goodwill Industries, state universities, community colleges, JTPA, HAM Marine Training Center, Ingalls Apprenticeship, City of Jackson, local literacy council, Job Corps, Cooperative Extension Service, local libraries, a local private hospital, Vocational-Technical Schools, the Salvation Army, local public schools, and local churches, as well as community mental health programs.

HOUSING

In FY 1998, the Community Residential Services Task Force, which was formed to address statewide housing issues, met on: March 24, 1998, May 7, 1998, and July 24, 1998. The Community Residential Services Task Force is comprised of family members, consumers, service providers, and DMH staff. The task force reviewed current programs, made recommendations for change and expansion of residential services, and was educated about future plans for residential programs across the state. As a result of the Community Residential Services Task Force progress, two statewide residential coordinators meetings were held, on February 11, 1998, and September 18, 1998. The meetings were hosted by two CMHC regions in order for members to view their community residential programs. These meetings supplied CMHC residential coordinators with information concerning supervised housing, programming, money management, meal planning, transportation, and the availability of appropriate housing in Mississippi.

In addition to the work of the Community Residential Services Task Force, the Crisis Services Work Group (formerly the Emergency Services Work Group) met on July 22, 1998, to address the residential needs of persons in crisis situations. This work group is a collaborative effort for the expansion of crisis services, comprised of CMHC Directors and service providers who are currently or have future plans to provide crisis services/crisis residential services. During FY 1998, this group focused on program design issues for crisis services and solicited technical assistance from providers nationwide to aid in implementation.

In FY 1998, a total of 25 group home sites were available for individuals with a serious mental illness. A total of 247 placements were available, and 377 individuals were served. During FY 1998, with funding from the DMH, Region 5 opened two supervised apartments providing 30 beds; Region 7 provided 54 beds; Region 8 provided eight beds; Region 15 provided 14 beds and MSH Community Services provided 10 beds through the supervised apartment program. Regions 11 and 12 also provided supervised apartments which were subsidized by HUD or the CMHC.

In FY 1998, a total capacity of 70 placements were maintained in three transitional living facilities which are located in Greenwood (Region 6), Jackson (MSH Community Services), and Meridian (EMSH Community Services). As of September 30, 1998, 87 individuals were served through these programs.

In FY 1998, the DMH continued to require that service providers assess the adequacy of housing for all individuals with serious mental illness entering service and assess annually all adults with serious mental illness in case management and/or psychosocial rehabilitation services. In FY 1998, the DMH continued to require an assessment of housing needs for all adults with serious mental illness in active services receiving case management or psychosocial rehabilitation.

In FY 1998, eight CMHCs and the Community Services Division of the two state hospitals reported serving 1,050 adults with serious mental illness in supervised housing and supported living.

A total of 18 respite beds were available in housing placements operated or accessed through the community service providers.

Other Housing/Housing Assistance

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. 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 1998, examples of housing assistance accessed by local community mental health providers for eligible individuals with serious mental illness included: federal housing assistance through HUD and local housing authorities, such as subsidized apartments, shadow supervised apartments, rent subsidies, assistance with identification of housing needs and finding housing, Section 8, housing for elderly and disabled persons, and low income housing; affordable housing through Habitat for Humanity; assistance with rent, utilities, etc., for homeless mentally ill persons through the PATH program; emergency shelter/housing through local nonprofit programs; and, independent living arrangements in privately owned apartments.

**FAMILY
AND CONSUMER
EDUCATION/
SUPPORT**

The DMH funded BRIDGES Program activities in FY 1998 as follows: In January, four Educator Trainers were trained, and four Support Group Facilitators Trainers were trained in the BRIDGES curriculum. Two support group facilitators trainings were held in November 1997 and April 1998, at which 16 support group facilitators were trained. One Educator Training was held, with 17 Consumer Educators being trained in April 1998. Twelve 14-week BRIDGES classes were held in eight community mental health regions, providing education to 66 persons with serious mental illness. In addition, 2,000 program brochures about BRIDGES were distributed throughout Mississippi.

A public service announcement about the BRIDGES program was produced and aired on four networks covering 80% of the state. BRIDGES workshops were presented at four major provider and/or consumer conferences. Twenty-six speaking engagements (including six television interviews) were made to publicize the program, and six newspaper stories were printed covering BRIDGES.

In FY 1998, a Family Education/Support "train-the-trainer" training session was held on January 9, 1998. A total of seven staff statewide were trained in this session. The DMH continued to support NAMI-MS in the implementation of its Family to Family Education. Family to Family Education courses were offered in Regions 8, 9, 10, 12, 13 and 15, with a total of 116 participants.

In FY 1998, one consumer education/support training utilizing the DMH curriculum, was held by the DMH, with a total of 27 staff members being trained in the use of the consumer education/support curriculum. Training was conducted on December 16-17, 1998.

In FY 1998, at least one family education/support program was made available in each of the 15 CMHC regions. Community programs reported providing a total of 26 Family Education/Support groups, and 233 individuals received family education/support services. There were also 10 Family to Family support groups that served 116 individuals.

In FY 1998, at least one consumer education program was made available in each of the 15 CMHC regions. The community programs reported providing a total of 27 Consumer Education/Support Groups, through which 344 individuals were served. There were also 14 BRIDGES programs conducted by consumers that served 151 individuals.

**DUAL
DIAGNOSIS**

In FY 1998, the DMH allocated \$1,489,488 to the CMHCs for services to individuals with dual diagnosis of mental illness and substance abuse. The DMH funded a training session for mental health professionals on integrating treatment and program development for persons with dual diagnoses. The training session was conducted by Kenneth Minkoff on November 5, 1997; approximately 114 mental health professionals attended. Additional funds were utilized by the community mental health centers in providing identification of the targeted population, direct services, and further training.

In FY 1998, the DMH allocated \$250,000 in SAPT block grant funds to the Community Services Division of Mississippi State Hospital to operate the residential program for individuals with dual diagnosis (mental illness/substance abuse). The community-based residential facility, which has a bed capacity of 12, served a total of 23 individuals in FY 1998.

In FY 1998, \$250,000 was again allocated to the Division of Community Services at Mississippi State Hospital for a 12-bed community-based residential facility for individuals with a dual diagnosis of serious mental illness and substance abuse, which was operational.

In FY 1998, 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 1998, the 15 CMHCs and the Community Services Divisions of the two state psychiatric hospitals reported serving 6739 adults with a dual diagnosis of serious mental illness and substance abuse.

In FY 1998, the Dual Diagnosis Task Force met five times (February 24, 1998; April 20, 1998; June 16, 1998; July 17, 1998; and September 14, 1998). A Dual Diagnosis Task Force Report was given to the MS State Mental Health Planning Council on August 10, 1998. The task force provided training on November 15, 1997, by Kenneth Minkoff. The eight core services will continue to be provided by CMHCs. The Dual Diagnosis Task Force discussed the need for additional training. As a result of the overwhelming positive results of the Minkoff seminar, the task force will provide a three-day dual diagnosis conference in December 1998 by Kenneth Minkoff.

Additionally, in FY 1998, 13 CMHCs and the Community Services Divisions of one state hospital reported that staff received additional training in the area of dual diagnosis.

**EMERGENCY
SERVICES/
CRISIS
MANAGEMENT**

In FY 1998, the DMH conducted pre-evaluation screening training on four occasions: November 3, 1997; February 12, 1998; May 28, 1998; and August 13, 1998. A total of 114 staff from the CMHCs were trained and later certified in conducting pre-evaluation screenings. As an ongoing means of quality assurance, the 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, the DMH then disseminates the results to the CMHCs and provides technical assistance to the CMHCs upon request. Based upon the concerns of the DMH and the CMHCs regarding the pre-evaluation screening document, as well as the process of conducting this screening more efficiently and effectively, a Pre-Evaluation Screening Task Force has been formed. This task force is comprised of CMHC staff, DMH staff, staff from the two state psychiatric hospitals, and family members. The Pre-Evaluation Screening Task Force met on August 19, 1998, and September 11, 1998, during FY 1998.

Additionally, in FY 1998, seven CMHCs and the Community Services Division of one of the state psychiatric hospitals reported providing training in the area of crisis management to other agencies/service providers. Examples of participating agencies/organizations included: nursing home staff, schools, Department of Human Services, state law enforcement academies, American Medical Response (EMTs), local police and a local hospital. Thirteen CMHCs also reported providing their staff with training in the area of crisis management.

In FY 1998, the Law Enforcement Training Task Force met on March 2, 1998, March 27, 1998, June 12, 1998, and September 4, 1998. The Crisis Intervention Training Curriculum for Law Enforcement Academies was presented to 111 law enforcement recruits. Locations for these trainings were in Hattiesburg, Long Beach and Jackson. Upon dissemination of a crisis intervention training brochure for experienced law enforcement staff in September, the DMH had received seven requests to provide this training within the Jackson Metropolitan Area.

In FY 1998, the Crisis Services Work Group met on July 22, 1998. A Crisis Services Work Group Report (Emergency Services Task Force) was made to the Mississippi State Mental Health Planning Council on August 10, 1998. The work group is comprised of CMHC staff, state psychiatric hospital staff, and DMH staff. The work group shared ideas and programs that CMHCs have developed such as crisis case management and crisis residential services. Regions 6, 13, and 15 continued to work with the Crisis Services Work Group in FY 1998, making progress reports and providing cross-training

between regions while developing community-based crisis residential services. In FY 1998, DMH had provided funding to CMHCs in Regions 6, 13 and 15 for crisis residential services. In FY 1998, Regions 11, 12 and 15 had provided crisis case management services.

In FY 1998, the DMH continued to meet with staff to assist with the development of crisis services in the six emergency services pilot sites, which are: Regions 6, 9, 11, 12, 13, and 15.

Region 6 has received funding from the DMH for the operation of a 13-bed crisis residential facility. Construction of this facility began in FY 1998, and the facility should be operational in FY 1999.

Region 9 continued to work with the Metro Commission on Crisis Intervention to establish a crisis residential facility in the Hinds County/Metro Jackson area. St. Dominic Hospital and Region 9 will operate the facility. The facility location and operational date have yet to be determined.

Region 11 implemented a level system of case management, which includes a crisis management level. Region 11 actively worked with its county governments in trying to obtain funding for a crisis residential facility. Several counties have committed to partially fund a facility. DMH staff met with Region 11 in Natchez with administrative staff, county officials, local hospital administrators, and the local police on December 8, 1997, January 9, 1998, and March 6, 1998, about the possibility of providing a crisis residential facility. All parties continue to work on this project.

Region 12 began conversation with Forrest General Hospital in the Hattiesburg area about building a crisis residential facility in the future.

Region 13 continued to operate a crisis residential facility in Harrison County. They reduced the number of beds from 22 to 16 due to a reduction in space. Region 13 has moved from its original building to modulars while they await construction of a new facility. The DMH continued to provide partial funding for the operation of this program.

Region 15 opened a six-bed residential component of crisis residential services in July of 1998. This program was joined with their existing crisis case management service, which has been operational for two years. Region 15 began taking voluntary admissions (persons assessed as needing intervention and willing to receive treatment to avoid commitment procedures) to the six-bed facility until October 1, 1998, when the secure holding component of the program was operational. As of October 1, involuntary commitments

(persons who have been through the civil commitment process) were admitted. The DMH provides operational funding for this program. Regions 6, 13, and 15 continued to work with the Crisis Services Work Group in FY 1998, making progress reports and providing cross-training between regions while developing community-based crisis residential services. A Crisis Services Work Group Report (Emergency Services Task Force) was made to the Mississippi State Mental Health Planning Council on August 10, 1998.

As mentioned previously in FY 1998, the DMH continued to work with Region 11. Region 11 implemented a level system of case management, which includes a crisis management level. Region 11 actively worked with its county governments in trying to obtain funding for a crisis residential facility. Several counties have committed to partially fund a facility. DMH staff met with Region 11 in Natchez with administrative staff, county officials, local hospital administrators, and the local police on December 8, 1997, January 9, 1998, and March 6, 1998, about the possibility of providing a crisis residential facility. All parties continue to work on this project. The DMH also met with Region 7 on March 30, 1998, to discuss establishing a level system of case management, with special emphasis on crisis response.

In FY 1998, Region 6 received funding for a 13-bed crisis residential facility. The program should be operational in FY 1999. Region 15 opened a 6-bed crisis residential facility in July of 1998. They began by taking voluntary admissions and by October 1, 1998, when their county-operated holding facility opened, they began taking civil commitments. Region 13 continued to provide services through its 16-bed crisis residential facility in Harrison County. The DMH provided funding to all three programs for operational costs.

Additionally, the DMH received authority through SB 2100 to establish regional crisis facilities. In FY 1998, funds were made available for initiation of work on development of a 16-bed crisis residential center, to be located in Corinth (Region 4) and operated by the North MS State Hospital, in Tupelo, a newly established 50-bed acute psychiatric facility for adults. At the end of FY 1998, a commitment for donation of land for the center had been received, and the project was in the design phase.

**SERVICES
FOR HOMELESS
PERSONS**

In FY 1998, Mississippi State Hospital Community Services Division in Jackson served 286 adults with serious mental illness who are homeless; and, East Mississippi State Hospital Community Services in Meridian served 30 persons. Region 7, Community Counseling Services in Starkville reported serving 65 adults with serious mental illness who were homeless. A total of 381 individuals with serious mental illness who are homeless were served through the three programs. In FY 1998, the Homeless Task Force was established to evaluate the services of the programs serving persons with mental illness who are homeless and to provide training for service providers who work with adults who have a mental illness and are homeless.

In FY 1998, 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. On January 9, 1998, this representative from DECD also participated in MS State Hospital's Community Services Homeless Program "Images from the Edge" Annual Showcase of Art and Writing by presenting a dramatic monologue at the showcase. The program promotes awareness and interest in individuals who are homeless in the Jackson community. A representative of the Department of Mental Health also participated in an October 20, 1997, meeting of an interagency housing advisory group convened by DECD, the 1998 One Year Plan Task Force. The DMH sent notice of the availability of the 1998 Consolidated One-Year Action Plan for Housing and Community Development draft for review and comment to the DMH Bureau Chiefs, Division Directors, CMHC directors and Community Service Directors of DMH facilities. 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 and/or Planning Council members (such as announcement of the development of the 1999 Consolidated One-Year Action Plan for Housing and Community Development and request for input in September 1998). 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.

**SERVICES FOR
ELDERLY
PERSONS**

In FY 1998, each of the 15 CMHCs submitted a plan for providing services for elderly persons with serious mental illness. The minimum areas that centers were required to address in the local plans were outreach, case management and linkage with other agencies. On September 22, 1998, members of the Elderly Services Task Force met to review Elderly Service Plans for fiscal year 1999. Requests for additional information were disseminated to the CMHC's that did not meet the minimum requirements as

stated on the Elderly Services Plan requirements. Plans not meeting the minimum requirements were resubmitted to the DMH, and Elderly Services Plans met final approval by October 12, 1998. In FY 1998, the Elderly Services Task Force addressed the needs of the elderly population by prioritizing treatment and developing interagency agreements in trying to provide more appropriate services to the elderly.

In FY 1998, the CMHCs continued to conduct Level II evaluations for mental illness in accordance with the approved PASARR process.

In FY 1998 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 1998, the Department of Mental Health continued to use the National Coalition Building Institute's (NCBI) Prejudice Reduction training model. A statewide, trained group of individuals continued their state chapter in FY 1998. On April 7-9, 1998, the National Coalition Building Institute provided a train-the-trainer workshop facilitated by Cherie Brown, the Founder and Director of NCBI. Participants included state and community organizations and agencies, church organizations and affiliates, children and adult providers from community mental health centers, volunteers and government representatives. There were 35 participants in attendance. Chapter members have provided six training sessions, involving 210 participants in FY 1998.

In FY 1998, 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 851 staff in the area of cultural diversity awareness/sensitivity.

In FY 1998, the Minority Task Force met on December 17, 1997, March 4, 1998, and July 14, 1998. A Minority Task Force report was given at the August 10, 1998, Planning Council meeting. The task force adopted the following mission statement: "The Mission of the Task Force is to promote

cultural competency within the Department of Mental Health, Community Mental Health Centers, Mississippi State Hospital, East Mississippi State Hospital, faith communities, and broader communities (i.e., city councils, police departments, chambers of commerce, boards of supervisors, etc.)” Additionally, the task force established the following list of objectives for FY 1999:

- (1) To target specific staff to receive cultural diversity training.
- (2) To offer membership to individuals from the faith communities, community mental health centers, state institutions, and other human services related state agencies.
- (3) To recommend that cultural diversity training be required to providers of all mental health services including: Alcohol and Drug Services, Children and Youth Services, Adult Services, and state psychiatric hospitals.
- (4) To continue to support and evaluate NCBI trainings.

**MEDICAL/
DENTAL/
OTHER
SUPPORT
SERVICES**

In FY 1997 and 1998, each CMHC as a part of its application 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 the CMHCs in FY 1998 included: psychotropic medication monitoring, nursing services, general health and preventive medical services (including immunizations, TB/other communicable disease screening/testing, blood pressure monitoring, etc.), emergency and inpatient services, home health services, specialized medical services (OB/GYN, internal medicine, ophthalmology, dermatology, geriatric psychiatric, surgery), podiatry, detoxification services, eyeglasses purchase and discounts, assistance with purchase of psychotropic medications, general and preventive dental care (cleanings, examinations, fillings, extractions, etc.), oral surgery, dentures, and dental emergency care.

Examples of local providers of medical/dental services through which community mental health providers accessed services in FY 1998 included: community mental health centers (psychiatric evaluations/monitoring, assistance with purchase of psychotropic medications and nursing services), county offices of the MS State Department of Health, federally-funded health clinics, rural health clinics, home health agencies, local hospitals/medical centers, physicians and dentists in private practice, University of MS School of Dentistry, the University of TN School of Dentistry, the University of MS

Medical Center, the VA Medical Center, Community Action Agency on Aging, and local churches/church-sponsored clinics (for support for medical care/medication purchase, dental care assistance), and the Lion's Club (for eyeglasses purchase).

Other Mental Health/Support Services

Examples of other (in addition to those listed previously) mental health/support services provided to adults with serious mental illness in FY 1998 through interagency agreement/coordination among community mental health and other support service providers included: food/clothing assistance, income/financial assistance (including disability benefits), transportation assistance, utility assistance, information/referral and advocacy services, Vulnerable Adult Protection, rape counseling/spouse abuse counseling, and legal assistance. These services were provided through a variety of community agencies and groups, such as local churches/other nonprofit organizations (such as the Pilot Club, the Mississippi Food Network, the Mental Health Association, shelters/programs for homeless persons, and the United Way), the Salvation Army, MS Department of Human Services, local transit authorities, Social Security Administration, Division of Medicaid, local hospitals, the Veteran's Administration, the Red Cross, Legal Services, Cooperative Extension Service, and Area Agencies on Aging.

In FY 1998, the CMHCs again were required to develop a transportation services plan as part of their CSP plans approved for FY 1998 by the DMH. In FY 1998, 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 1998, all of these programs reported utilizing center-operated vehicles in making transportation available for adults with serious mental illness. Nine CMHCs and the community services divisions of one state psychiatric hospital also reported making transportation available through affiliation agreement with other agencies; eight CMHCs and the community services divisions of the two state psychiatric hospitals reported utilizing local public transportation (buses, cabs, etc.).

In FY 1997 and FY 1998, all CMHCs reported that services were provided within a 40-mile radius. Services that were reported to be available through the satellite offices, mobile clinics and through in-home services are case management, medication evaluation (medication clinics) and outpatient therapy.

In FY 1997 and FY 1998, 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.

TRAINING

Local level mental health provider staff received additional training through conferences, inservice training programs, or workshops provided through the CMHCs or other training resources (including the Department of Mental Health) during FY 1998. Examples of topics reported by various CMHCs and the Community Services Divisions of the two state psychiatric hospitals in which community staff received additional training in FY 1998 included: crisis management, dual diagnosis, cultural diversity, community support, civil commitment, First Aid, medication use/side effects/compliance, HIV/AIDS/STDs/TB, CPR, stress management, grief, record keeping, crisis prevention, safety training, Vulnerable Adults Act, case management, clubhouse, effective communication, behavior management, family needs/family advocacy, listening skills, DMH minimum standards, transportation/vehicle safety, professional ethics, sexual addiction, time management, hepatitis/blood borne pathogens, play therapy, psychosocial issues of AIDS, fire/disaster procedures, alcohol and aging, divorce, anger management, relapse prevention, confidentiality, marriage/family therapy, Multnomah (assessment scale), home health services, SSI program services, elderly housing services, Life Domains Assessment, presentation about homeless mentally ill persons, personality disorders, services for elderly persons, diversity awareness, crack cocaine, age-specific development, schizophrenia, and depression.

Additional training provided at the local level by CMHCs to other agencies was reported by 13 CMHCs and the Community Services Division of one of the state psychiatric hospitals during FY 1998. Examples of topics of such training offered by different community service providers included: crisis management, dual diagnosis, cultural diversity, overview of mental health services provided by the mental health center, depression, mental health clinical information, cognitive behavior therapy, DUI program, stress management, mental health issues/DSM IV, parenting skills, PASARR Level II, EAP services, depression in the elderly, pre-commitment procedures, commitment procedures, bipolar disorders, schizophrenia, geriatric issues, homelessness issues, and outreach through art.

Academic linkages at the local level continued in FY 1998, with 15 CMHCs and the Community Services Divisions of the two state psychiatric hospitals reporting training linkages with universities/state community colleges

pertaining to adult mental health services. Areas of training/disciplines represented at various community programs included: nursing, social work, psychology, educational psychology, community counseling, education, counseling, speech pathology, counselor education, school psychology, rehabilitation counseling, marriage and family therapy, counseling psychology, special education, and recreational therapy.

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 inclusion and which will be community-based. This system of care, ideally, would include diagnosis and evaluation, prevention, outpatient services, day treatment, crisis intervention, case management, and a variety of community living 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 included in service delivery. Having a range of appropriate services in place that are accessible will prevent inappropriate institutionalization, which could result from inaccessibility to and/or 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.

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.

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.

**RESPIRE
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 inservice 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 1998 Community Mental Health Services for Children

PROVISION OF SERVICES

In FY 1998, the Continuity of Care Committee continued its process to develop recommendations to address barriers to continuity of services across community and inpatient systems of care, initially identified in FY 1997. As mentioned previously, three workgroups had been formed to address barriers in major areas. By the end of FY 1998 (September 1997), the Entry/Crisis Workgroup and the Maintenance/Transition Workgroup had concluded their meetings to develop recommendations for submission to the full Continuity of Care Committee for final consideration. The Court Workgroup held two additional meetings (on October 22, 1997, and November 14, 1997) to produce a partial list of recommendations to address barriers related to court issues and the civil commitment process; they concluded that the Court Workgroup had issues in addition to those recommendations that required further discussion, work and consensus before presentation to the full Continuity of Care Committee. For example, the Court Workgroup identified several issues specific to continuity of services for adolescents and additional issues related to outpatient commitment, which it thought warranted additional discussion.

In October 1997, an update on the work of the Continuity of Care Committee and its workgroups was provided to the MS State Mental Health Planning Council. The full Continuity of Care Committee met again on November 21, 1997, to review draft recommendations developed by the workgroups and to develop consensus on its first set of recommendations to address the barriers to continuity of care it initially identified. Final recommendations were adopted by the Continuity of Care Committee and presented in status reports to the Mississippi State Board of Mental Health and to the Mississippi State Mental Health Planning Council at their respective meetings in January 1998. The Continuity of Care Committee also formed a Transportation Workgroup to begin work on a recommendation pertaining to transportation services, particularly in rural areas. The Transportation Workgroup met on February 23, 1998, April 20, 1998, and June 8, 1998, focusing its efforts on identifying successful local strategies for providing transportation and interagency collaboration and coordination of transportation resources. Members of the workgroup also attended the first Statewide Transportation Coordination Conference in May 1998, sponsored by the Mississippi Department of Human Services and the Mississippi Department of Transportation. Another update on activities of the workgroup was provided to the MS State Mental Health Planning Council in August 1998. Minutes of meetings of the Continuity of Care Committee and its workgroups were kept and disseminated to participants. Concerns regarding the pre-evaluation screening/civil

commitment process were brought before the Court Work group. A sub-committee was formed to look at how Chancery Clerks, Chancery Court Judges, Law Enforcement personnel, CMHC staff, family members and consumers could be educated and trained on the Civil Commitment process, and the importance of their role in this process. This Court Work Group Committee met on July 9, 1998; August 14, 1998; and October 2, 1998. Representatives of children's mental health services continued to serve on the committee/its workgroups.

In FY 1998, the Director of the DMH Division of Children/Youth Services prepared and submitted a report internally to the Bureau Chief and Executive Director in the DMH recommending the first group of core services to be phased in by the 15 CMHCs. The recommendation of this first core represents those mental health services for children/youth that are Medicaid reimbursable, with the Department of Mental Health providing the state match dollars for those services. The recommendation of the first core group of services was proposed as minimum requirements as part of revisions to the DMH Minimum Standards for Community Mental Health/Mental Retardation Services proposed to the State Board of Mental Health in November 1998. The recommendation that providers must have available at least the recommended group of core services at a minimum level (of availability) in every county in the state was approved internally in the DMH.

Senate Bill 2100 (the Mental Health Reform Act) was passed during the 1997 State Legislative Session and 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. In addition to exclusion of community mental health center programs from Medicaid capitated programs, the legislation further codified 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 both adults and children across the 15 mental health regions in the state. The provision of additional services or service expansion is contingent upon availability of funds for such increases.

In FY 1998, the Department of Mental Health began processes to implement various provisions of SB 2100, which will continue in FY 1999.

During FY 1998, the DMH formed a Peer Review Advisory Group, composed of family members, consumers, providers and DMH staff, to develop a peer review process for community mental health services. Piloting of this peer review process, which is being implemented by the Mental Health Association of the Capital Area, Inc. (under contract with DMH) was begun

in FY 1998 for adult community services. Initial efforts undertaken in FY 1998 to establish the DMH Division of Children and Youth Services peer review process included establishing a preliminary pool of potential peer reviewers with expertise in children/youth mental health services from among staff at community programs certified by the DMH and from Mississippi Families As Allies for Children's Mental Health, Inc. Other activities projected to develop further the peer review process for children's community mental health services include establishing an onsite protocol for peer review visits to children's programs, identification of additional peer reviewer training needs and provision of training for peer reviewers. A Performance Outcome Measures workgroup, comprised of DMH staff, service providers, consumers and family members, continued meeting in FY 1998. The DMH Office of Constituency Services, newly established near the end of FY 1997, continued work in FY 1998 to develop policies and procedures for its operation, which include receiving, investigating and resolving consumer complaints in all programs and services operated and/or certified by the DMH. Information and referral software, to provide more timely access to information about services certified by the DMH, was purchased and installed, and staff received training in its operation. The software also has reporting capabilities to track the nature and frequency of calls. Work continued to enter necessary data in this system. Work also continued on the development of informal and formal procedures, including time lines and standard forms, for use in implementing the complaint/grievance process.

In FY 1998, DMH Division of Children/Youth Services staff also developed recommendations for the first group of core community mental health services for children to be phased in by all 15 CMHCs, a step in establishing more equitable service availability across regions. Work also continued to support development of local interagency teams, with emphasis on using a wrap-around approach to multidisciplinary assessment and planning involving families.

The DMH also continued work through the Continuity of Care Committee (referred to previously) and its workgroups to make recommendations for addressing continuity of care issues and to determine better case management and other needs of individuals entering and being discharged from state psychiatric facilities. Additionally, DMH staff have worked in FY 1998 to develop additions and revisions to the DMH Minimum Standards for Community Mental Health/Mental Retardation Services to address changes related to implementation of SB 2100 as needed to date. These proposed revisions, designed to improve program quality and accountability, were presented to the State Board of Mental Health in November 1998 (FY 1999), beginning the official public review process.

Status of progress and plans for continued implementation of processes to implement various provisions of the Mental Health Reform Act within the FY 1999 time line were also described in FY 1998 in objectives in the FY 1999 State Plan for Community Mental Health Services for Children with Serious Emotional Disturbance (approved by the Mental Health Planning Council and the State Board of Mental Health in August 1998, and submitted to the Center for Mental Health Services in September 1998).

A Performance Outcome Measures Workgroup was formed at the end of FY 1997, after passage of SB 2100, the Mental Health Reform Act. In FY 1998, the Performance/Outcome Measures Work Group, made up of families, consumers, providers and DMH staff, continued to work on performance/outcome measures, and the committee developed a draft of potential performance/outcome measures for services for children's mental health services, as well as for adults with serious mental illness and alcohol and drug services. DMH Division of Children/Youth staff, family members of children/youth, and providers reviewed the compilation of measures under the areas of appropriateness, accessibility, and outcomes generated by the DMH Performance Outcomes Workgroup, in which they participated. The committee also reviewed and considered possible standardized functional assessment instruments that might be piloted to collect other information in the draft performance/outcome measures.

In FY 1998, 19,036 children with SED were reported to be served through the public community mental health system (includes estimated data from one CMHC and three other nonprofit programs). Additionally, 100 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 1998 in which they were certified.

In FY 1998, the Department of Mental Health requested increased state funds for children's community mental health services of \$1,034,000 for FY 1998 for the following specific services: Medicaid match (\$684,000); therapeutic foster care (\$250,000); and therapeutic respite services (\$100,000).

Of the total requested in FY 1998, the Legislature appropriated \$1,000,000 in additional state funds over FY 1997 funding for Medicaid match for community mental health services for children with serious emotional disturbance and adults with serious mental illness or for crisis residential treatment centers for adults.

FY 1998 activities relating to expanding and improving the accessibility of children's mental health services included the following (also referred to in other sections of the report): In FY 1998, expansion of school-based services continued. This effort to expand school-based services particularly targets the issue of a significant portion of the state being rural. Therapists and case managers served children/youth in 182 school-based day treatment programs. The staff serving these programs received on-site technical assistance from Division of Children and Youth Services staff at the time of the certification visit to each site. Additionally, four training sessions on **Managing Aggressive Behavior** were conducted for staff from CMHCs operating day treatment programs, as well as all interested other nonprofit children's mental health service providers funded by the DMH.

In addition to school-based day treatment in FY 1998, school-based general outpatient services were provided at 399 school sites in the state, with case management also made available to these children/youth. School-based mental health services as community outreach services were targeted for presentations and technical assistance at the Annual Children's Mental Health Institute. Participation is increased in all school-based mental health services as compared to services located at mental health centers. Improved accessibility to services through school-based sites is due largely to the availability of transportation to school each day, as well as the state requirements for school attendance.

Also, in FY 1998, transportation continued to be provided by some of the community mental health providers for children with serious emotional disturbance. In FY 1998, 13 CMHCs and eight other nonprofit programs reported utilizing center-operated vans/other vehicles for children with SED; five CMHCs and two other nonprofit programs also reported utilizing transportation provided through affiliation agreements with other agencies; seven CMHCs and six other nonprofit providers reported utilizing local public transportation (bus, cabs, etc.); and, one nonprofit provider reported providing transportation stipends for its family education program.

**PROGRAM
STANDARDS**

In FY 1998, 1997-1999 DMH Minimum Standards for Community Mental Health/Mental Retardation Services continued to be implemented, and programs were monitored by the Division of Children and Youth Services for compliance with those standards pertaining to children's mental health programs. Additionally, in FY 1998, the process for reviewing/revising the DMH Minimum Standards for Community Mental Health/Mental Retardation Services was initiated in accordance with the established review/revision process implemented every two years. At the close of FY 1998, the proposed revisions were compiled for presentation to the State Board of Mental Health

in November 1998, to begin the administrative review and approval process. Following this process, approved revisions will be distributed across the state to all CMHCs and other providers certified to provide community services by the Department of Mental Health.

OUTREACH/ ACCESS

In FY 1998, DMH Division of Children/Youth Services directories were provided, and DMH staff participated in and/or made presentations at the following meetings and training events:

- * Youth Court Guardian Ad Litem, Jackson, MS (October 1997)
- * 6th Annual Children's Mental Health Institute, Jackson MS (October 6-8, 1997)
- * Annual Joint Conference of the MS Mental Health/Mental Retardation Council and the MS Chapter of the American Association on Mental Retardation, Biloxi, MS (October 29-31, 1997)
- * WRAP around conference, Building Consensus, Jackson, MS (January 13-14, 1998)
- * SNIPS unit, Starkville, MS (January 15, 1998)
- * DMH Standards and Assessment Training, Natchez, MS (January 27, 1998)
- * Community Residential Living Directors Meeting, Jackson, MS (February 5, 1998)
- * Community Counseling Services, Eupora, MS (February 19, 1998)
- * Singing River Mental Health Services, Gautier, MS (March, 1998)
- * State Department of Education, Office of Alternative Education meeting, Jackson, MS (March 16, 1998)
- * New DMH Employee Training, Jackson, MS (July 28, 1998)
- * Alternative Education meeting, Jackson, MS (September 16, 1998)
- * Youth Court Judges Seminar, Jackson, MS (September 17, 1998)
- * St. Francis Academy, Picayune, MS (September 21, 1998)

In FY 1998, DMH Division of Children and Youth Services staff also attended the following events, at which they were available to provide general information about children at risk for or with serious emotional disturbance:

- * State Level Case Review Team (ongoing monthly)
- * DMH - Multidisciplinary Assessment and Planning Team (MAP) planning committee (ongoing monthly)
- * Local Level Multidisciplinary Assessment and Planning Team (MAP) meetings (ongoing monthly)
- * NCBI (National Coalition Building Institute: Prejudice Reduction) (ongoing monthly)
- * Court sub-committee meeting, October 14, October 22, 1997
- * DHS VISIONS Meeting, October 22, November 24, 1997, & July 22, 1998

- * Annual Joint Conference of the MS Mental Health/Mental Retardation Council and the MS Chapter of the American Association on Mental Retardation, Biloxi, MS, October 29-31, 1997
- * Guardian Ad Litem Training, November 7, 1997
- * Blue Ribbon Campaign Meeting, November 17 & December 8, 1997
- * CAFAS Training provided by DMH staff, November 17, 1997, March 11, 17- 18, August 27, 1998
- * Task Force for Prevention of Sexual Abuse, December 2, 1997 & January 28, 1998
- * PATHS Interagency workgroup, December 18, 1997
- * WRAP around Conference, Building Consensus, January 13-14, 1998
- * NAMI Conference, January 23, 1998
- * DMH Standards and Assessment Training, January 27, 1998
- * Juvenile Justice Curriculum Committee, January 23, March 13, May 8, 1998
- * Juvenile Sexual Offenders Training, January 29-30, 1998
- * State Mental Health Planning Council, January 29, June 29, August 10, 1998
- * Community Residential Living Director's Meeting, February 5, 1998
- * Clay County MAP Team meeting, February 10, July 14, May 14, & August 25, 1998
- * Working with Adolescent Sexual Offenders training, February 26-27, 1998
- * Forrest County MAP Team meeting, March 3, 1998 & March 24, 1998
- * Warren County MAP Team meeting, March 6, 1998
- * Children's Task Force Meeting, April 21, September 18, 1998
- * Yazoo County MAP Team meeting, April 21, 1998
- * Managing Aggressive Behavior Training, April 22-23, June 10-11, July 1-2, & July 15-16, 1998
- * Standardization of Forms Training, April 28- May 1, 1998
- * Peer Review Advisory Council, June 8, July 21, September 21, 1998
- * Children's Trust Fund Meeting, June 16, 1998
- * Leflore County MAP Team meeting, June 25, 1998
- * Consumer Rights Committee, July 28, September 30, 1998
- * WRAP Services Training, August 7, 1998
- * State Children's Services Coordinators' Meeting, September 18, 1998
- * Federal Site Visit, September 28-October 2, 1998
- * 6th Annual Children's Mental Health Institute, October 14-16, 1997

Additional Information About Outreach Efforts

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 1998 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: consultation with Head Start; work with local schools through: general presentations to administrators, teachers and/or parents about available mental health services; special presentations and consultation on specific topics/issues (such as behavior management, alcohol/drugs, at-risk youth); regular meetings of school-based community mental health center staff with school personnel (including IEP meetings); consultation by case managers in regular contact with teachers; training of local shelter staff; presentations to local civic clubs/organizations; participation in community-wide public awareness campaigns (such as Red Ribbon Programs, Drug-Free Block Parties/Dances, etc.); presentations to local governmental officials (school board, county Boards of Supervisors, etc.); presentations at local churches; participation in a county-sponsored health fair and in national "screening days" for depression and anxiety; presentations to youth court judges/workers; participation in local interagency teams; exhibits at conferences; mailing of brochures about a program; presentations at local community colleges and area businesses; conducting of conferences; work through local media/press, and presentations/training provided to other nonprofit local service organizations.

**PREVENTION/
EARLY
INTERVENTION**

In FY 1998, 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, Inc., and one through the Vicksburg Child Abuse Prevention Center (CAP). In FY 1998, 102 families with 83 children were served by the Exchange Club of Jackson Parent/Child Center, and 100 mothers or expectant mothers with 190 children were served by the Vicksburg Family Development Center. The Mental Health Association served 235 families, and the Exchange Club of Vicksburg Child Abuse Prevention (CAP) Center served 91 families with 208 children.

In FY 1998, Department of Mental Health, Children and Youth Staff, continued to provide technical assistance to CMHC Regions 3, 7, 8, 10, 12, & 14 to further develop early intervention services in the Head Start programs and/or local preschools. Also, a staff person was assigned specifically to target technical assistance and service development for preschool children.

In FY 1998, funding continued to help support two specialized multidisciplinary sexual abuse intervention programs that included children with serious emotional disturbance. These programs were the Pine Belt Mental Healthcare Resources sexual abuse intervention program and the Vicksburg Family Development Service sexual abuse intervention program. These programs served 237 children. The Exchange Club of Vicksburg Child Abuse Prevention Center continued to participate as a member of the

Vicksburg/Warren County Multidisciplinary Sexual Abuse Intervention Team. Funding for the third program funded in FY 1997 was restructured to enhance one of the two existing comprehensive crisis programs and to provide intensive crisis intervention on a mobile outreach basis in the original CMHC region that received this funding.

**DIAGNOSIS/
EVALUATION**

DMH minimum standards (effective January 1997) for the assessment process for children/youth with SED were revised again in FY 1998. DMH Children/Youth staff issued a memo reiterating requirements for documentation associated with determinations of SED among youth. Both the CAFAS and Kiddie-GAS were given as assessment options at that time. Additionally, six CMHC regions are participating in the standardization of a functional living inventory, i.e., the Brief Inventory of Functioning (BIF), being developed by Division of C/Y staff. As part of regularly scheduled site/certification visits, DMH Division of Children/Youth Services staff continued to monitor requirements for documentation of presence of SED in individual client records.

In FY 1998, several additional trainings were conducted, focusing on the CAFAS and the Brief Inventory of Functioning (BIF), with 70 additional participants from CMHCs, non-profit organizations, special education coordinators, and Adolescent Offender Program personnel.

**CASE
MANAGEMENT**

In FY 1998, in accordance with DMH Minimum Standards for Community Mental Health/Mental Retardation Services, in all 15 CMHCs an evaluation continued to be conducted on each child with SED receiving substantial public assistance who entered the CMHC, to determine the need for case management services. Case Management was also offered to some other children/youth with SED in need of the service. DMH staff monitored the implementation of this requirement during on-site visits.

In FY 1998, a total of 8688 children with SED, including children receiving Medicaid, were reported as having received case management services through the CMHCs. In FY 1998, the number of case managers providing services was reported as 199; some of these case managers also served adults.

In FY 1998, training consisted of participation by CMHC Children's Case Management or Supervisory staff in a two day WRAP Around Institute held by Mississippi Families As Allies for Children's Mental Health in Jackson, MS, in January 1998. Additionally, there was attendance by case managers or supervisors at CMHCs, with families of children/youth with SED at four town meetings addressing WRAP Around across the state in March, April, May and June 1998. Through participation at the January WRAP Around

Institute and the four town meetings, all CMHCs had representatives of case management personnel and/or children services supervisory personnel. All of these activities focused on local infrastructure building. The input obtained from small workgroups at the January Institute, the four town meetings, and the four focus groups was utilized to prepare a draft of a "Strategic Plan for Implementing Wrap Around Statewide in Mississippi." This draft was first developed in June 1998 and reviewed/updated in August 1998. The State Department of Mental Health sponsored a Standardization of Forms meeting on April 29-May 1, 1998. The case management forms and guidelines for implementation were presented and reviewed with participating case managers and supervisory staff from all CMHC regions.

In FY 1998, Department of Mental Health continued to require input from the Department of Human Services local county personnel (for those children/youth in DHS custody), as well as from representatives of local school districts in developing and/or reviewing individual plans for case management. Compliance with this requirement was monitored by DMH, Division of Children and Youth staff at the time of each providers's annual certification/site visit.

OUTPATIENT SERVICES

In FY 1998, there was a continued availability of general outpatient services to children with SED and their families. In FY 1998, a total of 14,857 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, 1998, there were a total of 399 school-based general outpatient sites in those regions where CMHCs chose to offer school-based general outpatient services.

In FY 1998, 399 school-based general outpatient services sites were operated in regions where CMHCs chose to offer school-based general outpatient services. The DMH Division of Children/Youth Services also continued 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 1998, 13 CMHC regions provided 241 day treatment programs, with each program having a minimum of five and a maximum of nine children/youth enrolled at a given time. These 241 programs were provided at 126 service sites and served 3159 children in FY 1998. In 1998, 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 along with other staff members provided on-site assistance to 14 of the 15 CMHCs focusing on start-up of additional

and/or new day treatment programs. Additionally, four trainings on Managing Aggressive Behavior were provided specifically for day treatment service providers and supervisors on April 22-23, June 9-10, July 1-2, and July 15-16, 1998.

In FY 1998, all of the fourteen CMHCs providing day treatment received on-site technical assistance. On April 22-23, June 9-10, July 1-2, and July 15-16, 1998, Managing Aggressive Behavior training sessions were provided for all CMHCs and private nonprofit providers certified by DMH for day treatment services. Of the 241 day treatment programs available in FY 1998, 182 were based in schools, and 59 were based in CMHCs.

In FY 1998, technical assistance was available to the Adolescent Offender day treatment programs upon request and through certification visits. On July 1, 1998, the Division of Children and Youth Services added a staff member whose responsibilities include focusing technical assistance specifically to the Adolescent Offender Programs. Technical Assistance visits were provided to all of the AOP programs in FY 1998. Management of Aggressive Behavior training was provided to AOP direct care providers and supervisors by DMH on April 22-23, June 10-11, July 1-2, and July 15-16, 1998. In FY 1998, 27 AOP program sites were provided with technical assistance through certification/monitoring visits by DMH, Division of Children/Youth staff. Seven of these sites were at private, nonprofit facilities.

**COMMUNITY
BASED
RESIDENTIAL
SERVICES**

In FY 1998, DMH made funding available for 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). DMH also provided funding for 14 therapeutic foster homes through Catholic Charities, Inc.

Therapeutic foster care (TFC) continued to be provided through Catholic Charities, Inc., in the Jackson area, with care actively available for 16 children in these 14 therapeutic foster homes. The home operated by Pinebelt Mental Healthcare Resources served two girls.

Additionally, Senior Services' Stepping Stones, a non-profit private provider, certified but not funded by DMH, provided therapeutic foster care services to 14 youth in FY 1998. The DMH made technical assistance available to existing and developing providers of therapeutic foster care during the year.

In FY 1998, technical assistance was available upon request for both DMH-funded and certified therapeutic foster care providers, i.e. Catholic Charities and Pinebelt Mental Healthcare Resources. Catholic Charities received

technical assistance regarding how to address restructuring some of the guidelines and parameters for existing TFC to accommodate children/youth with more serious needs than in previous years. This resulted in extending TFC placements for some children and further exploration of potential provision of TFC within crisis services.

In FY 1998, DMH made funding available for 12 therapeutic group homes and provided funds to support services made available through three transitional therapeutic homes. In FY 1998, funding for the group home located in Vicksburg, Warren-Yazoo Therapeutic Group Home for Boys, was restructured to support provision of a mobile crisis/intensive intervention program which did not contain a residential piece; another part of the funding was used to increase capacity of the crisis residential program operated by Catholic Charities in neighboring Hinds County. Also, "The Bridge" transition-age therapeutic group home program for boys provided through Southern Christian Services for Children and Youth collaborated with MS Children's Home Society to form the Rowland Home for boys as one of the three transition group homes in the state. A total of 215 children and youth were served in the twelve therapeutic group homes funded by DMH. Group homes that received funding from DMH in FY 1998 were:

- Parkview Home for Youth (girls), in West Point, operated by Region VII Community Counseling Services (counted as two homes);
- Bacot Home for Youth (boys and girls), Pascagoula, operated by Saint Francis Academy;
- Powers Group Home for Girls, operated by MS Children's Home Society & Family Service Association;
- Pinebelt Therapeutic Group Home for Boys, Petal, operated by Region XII, Pinebelt Mental Healthcare Resources;
- Pinebelt Therapeutic Group Home for Girls, Laurel, operated by Region XII, Pinebelt Mental Healthcare Resources;
- St. Michael's Therapeutic Group Home for Boys, Picayune, operated by St. Francis Academy;
- Able I, Able II, Able III (three homes) Therapeutic Group Homes for Dually Diagnosed Boys (MR/EmD), Picayune, operated by St. Francis Academy;
- Hope Haven Crisis Residential Therapeutic Group home, Jackson, operated by Catholic Charities, Inc., of Jackson;
- Rowland Home for Youth (boys), Grenada, operated by MS Children's Home Society & Family Service Association.

Also, an additional 86 youth were reported as served through therapeutic group homes certified, but not funded by DMH. In FY 1998, two new homes opened to serve children and youth.

Those homes certified, but not funded by DMH included:

- Therapeutic Foster Care (male & female), Madison, operated by United Methodist Ministries;
- Bass Group Home (females), Clarksdale, operated by United Methodist Ministries (New home added in FY 1998);
- Golden Triangle Group Home (females), Columbus, operated by United Methodist Ministries;
- Monroe Group Home (males), Amory, operated by United Methodist Ministries;
- Pendleton Group Home (males), Natchez, operated by United Methodist Ministries;
- Stepping Stones (male & female), Jackson, Senior Services;
- Life Changers Therapeutic Home for Youth (males), Mendenhall, operated by Life Changers (New group home opened FY 1998);
- Desoto Sunrise Therapeutic Group Home (one for boys & one for girls), DeSoto, operated by Desoto Sunrise, Inc.

In FY 1998, DMH continued to provide funds to providers of three transition therapeutic group homes for youth in DHS custody. These homes served a total of 54 youth during the fiscal year.

The therapeutic group home in Region 15 was restructured in FY 1998 to serve fewer males with more intensive therapeutic services (at a lower staff-to-youth ratio); however, it was closed in mid-FY 1998. Part of the funding for this home was awarded to a grantee operating a model crisis residence program in Jackson (Catholic Charities, Inc.), which neighbors the counties served by Region 15. Catholic Charities, Inc., established two additional beds to serve male or female youth from CMHC Region 15, in which the specialized therapeutic group home was closed. Region 15 CMHC kept the remaining funds from the previous specialized therapeutic group home grant to pilot the implementation of intensive case management, using a wrap-around service delivery concept.

In FY 1998, DMH continued to provide funding for Hope Haven Crisis Residential Therapeutic Group Home, operated by Catholic Charities, Inc. DMH also added the capacity to serve two additional children/youth in that facility and program as a result of redistribution of DMH funds previously awarded to a therapeutic group home in a neighboring county that was closed in FY

1998. Region 15 CMHC kept the remaining funds from the previous specialized therapeutic group home grant to pilot the implementation of intensive case management, using a wrap-around service delivery concept.

In FY 1998, a total of 60 beds providing residential treatment for adolescents with chemical dependency were funded. The Sunflower Landing program located in the Mississippi Delta continued to be funded and provided 24 available beds.

In FY 1998, the programs served a total of 204 adolescents with substance abuse problems or dual diagnosis of substance abuse and mental illness in a community-based residential treatment program. Sunflower Landing served 65 youth, 33 of whom has alcohol/drug abuse problems only; CART House served 68, 59 of whom had alcohol/drug abuse problems only; and, the ARK served 71, 42 of whom had alcohol/drug abuse problems only.

In FY 1998, funding continued to be available to support services provided through three transitional -age therapeutic group homes. These homes served 54 youth during the year..

RESPIRE SERVICES

In FY 1998, a total of 84 youth from 67 families in 14 counties (across 8 mental health regions) were served. A total of 36 respite providers in five counties were trained. DMH continued to make funding available for respite service development.

FAMILY EDUCATION/ SUPPORT AND PROTECTION/ ADVOCACY

In FY 1998, the respite coordinator's salary and funds for providing respite to families in several counties, as well as the outreach coordinator's salary and part of the Executive Director's salary continued to be funded by a DMH grant to MS Families As Allies for Children's Mental Health, Inc. The Outreach Coordinator from Mississippi Families As Allies participated in the Local-level Multidisciplinary Assessment and Planning (MAP) Team in Forrest County, and the DMH-funded Respite Coordinator participated in the MAP Team in Clay County. MS Families As Allies operated three Parent Support/Education Groups (for Forrest and Jones Counties; for Hinds, Madison and Rankin Counties; and, for Webster County) with a total of 40 families participating in FY 1998. DMH Division of Children and Youth Services staff participated in the provision of respite training in Jackson on November 9, 1997.

In October 1997, through a collaborative effort, Mississippi Families As Allies for Children's Mental Health, Inc., and the Bazelon Center for Mental Health Law received a "Community Action Grant for Service Systems Change" from the federal Center for Mental Health Services. The purpose of the

Community Action Grant, the development and implementation of which have been supported by the Department of Mental Health, is to promote the adoption of a "wrap-around" approach to providing services for Mississippi's children and youth with serious emotional disturbances. Spawned from a national children's mental health reform movement in the 1970's, wrap-around is designed to help communities develop flexible, individualized children's services, such as case management, respite care, family support, crisis management, and therapeutic foster care.

During this past year, grant activities built on the initiatives of these efforts and projects. To kick off the Wrap-Around consensus-building process, Mississippi Families As Allies for Children's Mental Health, Inc., in conjunction with the Bazelon Center for Mental Health Law and the Department of Mental Health's Division of Children and Youth Services, sponsored a two-day Wrap-Around Institute in January 1998, attended by approximately 200 service providers and family members. The Institute was designed to educate project participants and interested parties about the wrap-around concept and to provide a forum for open discussion of wrap-around implementation around the state. Since that time, four regional town meetings have been held to continue the consensus-building work begun at the Institute. Additionally, four small focus groups were held in June and July 1998.

Funding continued in FY 1998 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 participate in training at the Annual Children's Mental Health Institute, October 6-8, 1997, as well as at the WRAP Around Institute in January 1998. Additionally, families were invited and attended the Annual Children's Mental Health Institute.

In FY 1998, service providers have continued to be required to include statements that they would provide family education programs for the targeted population in their proposals for CMHS block grant funds for children's services in order for them to receive block grant funds for children and mental health services. Those programs that receive CMHS block grant funds have provided family education programs that address the targeted population they serve.

In the summer of 1998, DMH provided funding for Mississippi Families As Allies for Children's Mental Health, Inc., to provide training sessions with parents. Some mental health professionals also were a part of this intensive two-day training. One of the two days included professionals and parents,

with the second day being for parents/families only. Parent-professional teams are available to be utilized as a result of this training.

**SERVICES FOR
MINORITY
POPULATIONS**

In FY 1998, two Division of Children and Youth staff continued to conduct cultural diversity training using the National Coalition Building Institute (NCBI) model. These two staff members conducted one cultural diversity workshop for 30 respite providers in November 1997. They also assisted in the "Trainer of Trainers" workshop in April 1998, which was attended by service providers and family members/consumers across the state; and, one staff member led two training groups for the members of NCBI in July and September 1998.

In FY 1998, 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 inservices for CMHS children's staff that address cultural diversity and/or sensitivity.

In FY 1998, Division of Children and Youth designated staff continued to participate in the monthly NCBI Prejudice Reduction training meetings. These two staff members also assisted in the "Trainer of Trainers" workshop on April 7-9, 1998. A Prejudice Reduction training was conducted by these two staff members for respite providers on November 9, 1997. One staff member led two training group meetings in July and September 1998.

**CRISIS
MANAGEMENT**

In FY 1998, as mentioned previously, the DMH continued to provide funding for Hope Haven Crisis Residential Therapeutic Group Home, operated by Catholic Charities, Inc. DMH also added the capacity to serve two additional children/youth in that facility and program as a result of redistribution of DMH funds previously awarded to a therapeutic group home in a neighboring county that was closed in FY 1998. Region 15 CMHC kept the remaining funds from the previous specialized therapeutic group home grant to pilot the implementation of intensive case management, using a wrap-around service delivery concept.

In FY 1998, DMH continued to provide funding to the two intensive crisis model programs for youth with SED or behavioral disorders who are in crisis or who are identified as at-risk for residential placement (described above and funded in FY 1997). Catholic Charities' model program (Hope Haven) targeted Hinds County and the surrounding area. During FY 1998, Region 15 (Warren-Yazoo Mental Health) contracted with Catholic Charities to provide residential services for up to two beds for youth considered at risk for out-of-home placement. Community Counseling Services' model included a

crisis line available across all seven counties with linkages to other appropriate services. For children/youth in need of more specialized and intensive intervention, this CMHC focused on two counties in which an array of specialized crisis services was made available, i.e., mobile crisis, intensive in-home therapeutic intervention and extended follow up after the first four to six weeks. Each of the two program models utilizes a 24-hour crisis hotline with mobile intensive intervention, enabling services to be provided quickly and efficiently at the child or youth's home. Both programs maintained a residential component: Catholic Charities provided five beds, on a regular basis, with potential capacity of up to seven beds; Community Counseling Services provided one bed (per male or female). Catholic Charities is affiliated with several area MAP teams including: Hinds and Rankin County MAP (two separate teams) and the State Level Case Review Team. Community Counseling Services is affiliated with the Clay County MAP Team, enabling children/youth with SED who are most likely to be inappropriately placed out-of-home or community to be served in the community. Some of these youth are MS Connections enrollees.

In FY 1998, DMH provided funding for six specialized outpatient intensive crisis intervention projects, through which 803 youth were served. One of the CMHCs (Region 15) continued to operate an intensive case management response system for children and youth in one county (Warren). Region 3 CMHC continued to implement in one county (Lee) a specialized children's crisis response phone line, mobile crisis response by a therapist, and use of a small fund for purchasing services, not otherwise funded, but needed by children/youth and their families in crisis. Region 8 CMHC continued to implement a specialized children's crisis line, with availability of a therapist for 24-hour mobile crisis intervention in one county (Rankin). Gulf Coast Women's Center continued to provide treatment and/or other critical support necessary for children in a domestic violence program. Mississippi Families As Allies for Children's Mental Health, Inc., provided support to families in crisis (with staff person with M.S.W.). Region VII CMHC used DMH funding to provide an individual to respond to crises in a targeted county.

In FY 1997 and FY 1998, funding to meet an objective to increase service capacity for specialized outpatient crisis intervention services in one CMHC region was provided by the DMH. With that funding, a specialized phone line for response to children/youth in crisis continued to be available through utilization of two CMHC staff persons alternating responsibilities for after-hours response to children/youth in crisis; a crisis intervention specialist to link to the larger crisis response services of Catholic Charities, Inc., as well as to participate on the State-Level Interagency Case Review Team to track

recommendations made at each meeting on individual children/youth, was also made available. Service reports for the project were available for review.

**SERVICES
FOR
HOMELESS/
RUNAWAY
YOUTH**

In FY 1998, DMH continued to fund 50% of the salary of a full-time SAFE place coordinator. In FY 1998, there were 31 SAFE PLACE sites in the surrounding Jackson area for runaway or homeless youth; additional "mobile sites" were available through buses in the Jackson Transit System. Our House emergency shelter reported having contact with 272 children/youth, of which 75 were youth with SED. Of these, 65 were referred to Hope Haven crisis residential program. Also, funds from DMH continued to be made available to Gulf Coast Women's Center, Biloxi MS, for victims of domestic violence.

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

In FY 1998, two site and/or certification visits were made to each of the two DMH-funded programs serving runaway/homeless youth. Information and feedback were provided concerning treatment planning, transition, and service utilization. Staff from these programs were invited to attend the Seventh Annual Children's Mental Health Institute. The Institute provided current information concerning outcome measures, MAP teams, family education and support, play therapy, cultural diversity, and recognizing children/youth at risk for violence, etc., which is made available through DMH Children and Youth Services.

**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 1998, the DMH Division of Children and Youth Services continued to maintain a training calendar. The following listing includes training provided, facilitated and/or attended by DMH Division of Children and Youth Services staff in FY 1998:

Sixth Annual Children's Mental Health Institute, October 6-8, 1997

Staff and Family Representatives trained: Approximately 250

Training Site: Edison-Walthall Hotel, Jackson, MS

Training included sessions on formal assessments, building infrastructure, family education, youth in the Juvenile Justice System, early intervention/prevention, case management, innovative services, youth with SED and substance abuse, school based services, specialized population, and pre-school services.

National Coalition Building Institute (NCBI): Prejudice Reduction Training, November 9, 1997, July 14, April 7-9, and September 8, 1998

Staff, Family Representatives, CMHC direct care providers and administrators trained: approximately 150 participants total

Training sites: Jackson

Training included cultural diversity, including role play and learning about other stereotypes.

CAFAS (Child and Adolescent Functional Assessment Scale) Training, November 17, 1997, March 11, March 17, March 18, August 27, 1998

Participants: 130 total

Training Site: Jackson, Starkville, Gautier, Tupelo, MS

This training prepared master's level therapists to administer the CAFAS and to become trainers of others to administer the CAFAS.

Department of Mental Health Standards and Assessment Training, January 27, 1998

Participants: 35

Training Site: Natchez, MS

This training included and provided direct care children/youth staff of Southwest MS Mental Health Complex with information on minimum standards, treatment plans, case management, day treatment, and outpatient services.

Bazon WRAP Around Conference, January 13-14, 1998

Participants included approximately 200 service providers and family members

Training Site: Harvey North, Jackson, MS

Training included a national speaker on the WRAP concept and break out sessions that consisted of building consensus on a local level of the needs in four areas of the state.

Community Residential Living Directors Meeting Training, February 5, 1998

Participants: 30 directors from DMH Therapeutic Group Homes and Therapeutic Foster Care across the state.

Training Site: Roosevelt State Park, Morton, MS

Training included updated information on assessment, treatment plans, and funding.

Managing Aggressive Behavior Training, April 22-23, June 10-11, July 1-2, July 15-16, 1998

Participants: Approximately 50 day treatment direct care workers and supervisors

Training Sites: Tupelo, Jackson, Greenwood, and Gulfport, MS

Training included behavior management plans, reinforcement rules, role play, and time out issues.

Standardization of Forms and Assessment Training, April 28- May 1, 1998

Participants: 160 DMH-certified providers across the state

Training Site: Roosevelt State Park, Morton, MS

Training included training on how to use the new standardized forms, updates on treatment plans, case management, and assessments.

“Listen and Refer” Crisis Response Training, June 30, 1998

Participants: Directors of 2 CMHCs (3 participants)

Training Site: Jackson, MS

Training included the gathering of information on functional assessment, crisis intervention, and how to utilize both together.

In FY 1998, the DMH Division of Children and Youth provided technical assistance to one psychiatric residential treatment center, Millcreek, (Magee) concerning appropriate transition of the child to the outpatient setting, as well as certifications provided through DMH for programs that receive funding or certification through DMH. Technical assistance was also provided to four school districts: Stone, Smith, Covington, and Jasper Counties. Assistance pertained to using the BIF and CAFAS in identifying children with SED and establishing antecedent behavior. Technical assistance was also provided to the two state-operated psychiatric hospitals for children and youth concerning transition and continuity of care.

Local-level mental health provider staff also received additional training through a variety of workshops, conferences and inservice or 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 1998 included: crisis management, dual diagnosis, cultural diversity, interagency collaboration, family education, case management, child sexual offenders, functional assessment, divorce, play therapy, ethics, confidentiality, stress management, anger management, school day treatment, records management, group therapy, behavior management,

school bus driver training, the Child Nutrition Program, supported employment, MANDT program, DSM-IV, CPR, First Aid, Social and Supervisory Skills, and eating disorders.

In FY 1998, 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 13 CMHCs and six other nonprofit programs certified by DMH. Examples of topics of training events included: crisis management, developmental neuropsychiatric interventions, inappropriate sexual behaviors in children, education/support in the home, behavior management, child abuse, child development, disorders of learning, development and behavior, Individuals with Disabilities Education Act (IDEA) and discipline, wraparound approach, advocacy training, respite provider training, effects of domestic violence on children, runaways/crisis call, outreach/emergency services, cultural diversity, suicide prevention, ADD/ADHD, classroom management, medication usage, functional behavioral assessment, parenting, crisis intervention/gang violence, overview of services provided by the mental health center, day treatment, interventions with children with SED, stopping violence, at-risk youth, drug awareness, working with traumatized children, teen conflict, self-esteem, non-violent intervention, and differential diagnosis.

Academic linkages at the local level continued in FY 1998, with 13 CMHCs and eight 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: counseling, social work, psychology, nursing, education, counselor education, educational psychology, clinical psychology, sociology, school counseling, rehabilitation counseling, criminal justice/corrections, family/human development, guidance and counseling, mental health counseling, marriage and family counseling, social rehabilitation services, community counseling, and psychiatry.

EDUCATIONAL SERVICES

As in FY 1997, interagency collaboration among local community mental health centers/other nonprofit mental health service providers was encouraged in FY 1998 and facilitated through interagency groups in various 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

WRAP Around Conference in January 1998, and the Children's Institute in October 1997.

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 and in FY 1998.

Specific examples of educational services/assistance accessed at the local level for children with serious emotional disturbance and/or their families by community mental health children's service providers in FY 1998 included: GED programs, basic/regular education programs, tutoring (including after school), special education, alternative schools programs, independent living skills (training), computer classes, education about HIV/AIDS, advocacy training, education about IDEA/504/due process (for families), sexual abuse classes, Challenge Program, single parent counselor for teen parents and regular preschool and preschool services for children with developmental delays.

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, a vocational-technical training program, the Department of Human Services, Head Start, MS Protection and Advocacy System, Inc., Parent Partners, and volunteers.

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 1998 by a variety of providers included: community health centers/clinics, county health department offices, university programs/services (including some out-of-state university programs in contiguous states), regional and county hospitals, and private practitioners (including general dental and medical practitioners, nurse practitioners and specialists), and local church-sponsored programs. Examples of the types of medical/dental services reported as accessed included: general and preventive medical care (including assessments, immunizations, and treatment), emergency and acute inpatient services, family planning services, EPSDT and WIC program services, medication evaluation and monitoring, eye examinations, laboratory services, specialty care (OB/GYN, ENT, ophthalmology, dermatology, pharmacy, surgery, neurology, pediatric, nursing and psychiatric services), general dentistry services (examinations, extractions, fillings, etc.), as well as

preventive and emergency dental services and some orthodontic 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 youths (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. 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 youths in the state. The focus group for this service is youth who demonstrate more severe disabilities. Additionally, they are youths who demonstrate that they need ongoing job support to retain employment. Also, in FY 1998, a member of the administrative staff of the MS Department of Rehabilitation Services began meeting with the State-level Interagency Case Review Team, with the addition of that agency to the team.

Specific examples reported of vocational/employment services accessed for youth by local community mental health service providers in FY 1998 included: job training, job placement, basic education, Job Corps, summer jobs, GED programs, independent living skills programs, job search assistance, vocational training, transitional and supported employment services. These services/programs were provided through a variety of community resources, some of which may vary across communities, including: local schools, Job Corps, MIDD-WEST, City of Jackson, local nonprofit organizations, the MS Employment Security Commission, the MS Department of Rehabilitation Services, and Allied Enterprises. Also, some youth with mild mental retardation and conduct disorders served by St. Francis Academy, Inc., (DMH-funded) were provided job support through the Department of Rehabilitation Services.

**OTHER
SUPPORT
SERVICES**

In addition to the therapeutic community-based residential programs described previously, examples of housing assistance reported as accessed by local community mental health providers in FY 1998 included: subsidized apartments, Section 8/low income housing, housing loans and rental assistance through federal housing programs administered through HUD and local public housing authorities and FHA; rental/utility assistance through a local program; temporary shelter or temporary housing through organizations such as the Salvation Army, church-sponsored and other local nonprofit shelter programs; foster care/shelter services through the Department of Human Services; special housing programs for single parents through a local housing authority and another local program; and, housing through Habitat for Humanity.

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 1998. Many Juvenile Justice Services providers have been invited and have entered formal agreements with local Multidisciplinary Assessment and Planning (MAP) Teams that have been organized in 11 of the CMHCs' 15 regions. The MS Department of Human Services continued to provide funding for Adolescent Offender Programs, specialized day treatment programs that provide a community-based alternative to State Training School commitment for adolescent offenders. Most of these programs are based at CMHCs (5 of 8 grant sites).

In FY 1998, the Department of Mental Health was authorized by the Legislature to open two, 50-bed rehabilitation facilities to serve juvenile offenders with mental illness or with mental retardation. The facility for juvenile offenders with mental retardation is projected to be open and operational in FY 1999. Planning for construction of the facility for juvenile offenders with mental illness will continue in FY 1999.

The Division of Children/Youth Services' Youth Program Specialist and a Children's Services Coordinator from a CMHC presented an update of children's mental health services that are available in the state at the Youth Court Judges and Referee's Seminar in September 1998.

Specific examples of other interagency service arrangements different local providers had with Juvenile Justice Services in FY 1998 include: referral for mental health services, evaluations, treatment, case management, probation supervision, school attendance counseling, placements and abuse investigations, MAP team participation, pre-evaluation screening (for civil

commitment), teen parenting program, sexual abuse trauma (treatment) program, reports/testimony, and shelter worker training.

Substance Abuse Services Community-based residential substance abuse treatment services continued to be available in three sites funded by the DMH, which also made services available for youth who had a co-occurring serious emotional disturbance. Expansion of one of the three programs was also funded by DMH's Division of Alcohol/Drug Abuse in FY 1997. The 15 community mental health centers also make available a range of outpatient substance abuse prevention and treatment services. Other substance abuse prevention and treatment and support group services are available through local nonprofit and for-profit agencies or treatment centers across the state.

In FY 1998, the Division of Children /Youth Services added a staff member whose responsibilities include targeting the needs of youth with dual diagnoses.

Additional Social Services and Financial Assistance were available through programs administered by the MS Department of Human Services, the Division of Medicaid (Office of the Governor), and the Social Security Administration for families/children who meet eligibility criteria for those specific programs. Local churches and nonprofit organizations, such as Big Brothers/Big Sisters, the Boys Clubs, the Salvation Army, the Junior Auxiliary, MS Families As Allies for Children's Mental Health, United Methodist Ministries to Children and Families, Catholic Charities, Inc., the Red Cross, Foster Grandparents program, and (individual) volunteers were also reported as resources for support service assistance. Some examples of other support services reported as accessed by community mental health providers through interagency agreement/coordination included: speech pathology, Girl Scout program, recreational activities, arts/respite camp, food stamps, income assistance, parenting classes, family support and other specialized support groups, transportation, clothing, emergency food, and after school programs.

INTERAGENCY NETWORKING

In FY 1998, revised DMH Minimum Standards for Community Mental Health/Mental Retardation Community Services implemented January 1, 1997, continued to require each provider of mental health case management services for children to establish and maintain at least one local case review team for this target population. The Division of Children and Youth staff continued to monitor the implementation of the standard on regular site/certification visits. Several CMHCs during FY 1998 developed Multidisciplinary Assessment and Planning (MAP) Teams based on the concept and principles of the MS Connections MAP Teams piloted in Forrest and Clay counties. DMH staff

provided ongoing training and technical assistance for the targeted MAP Teams in Mental Health Regions 3, 5, 6, 7, 8, 9, 10, 12, 13, 14, and 15.

During FY 1998, a memorandum was sent from the Division of Children and Youth to the Children's Coordinators and/or Executive Directors of all 15 CMHCs, recommending that interagency agreements be developed. This memorandum is on file with the Division of Children/Youth. DMH staff also provided on-going technical assistance to targeted mental health regions to establish, maintain, and expand local-level interagency agreements. The purpose of the interagency agreements is to facilitate agencies working collaboratively to identify, plan for, and address the often complex and multiple needs of children with serious emotional disturbances and their families. A DMH staff member has served as a liaison for the MAP Teams, conducting monthly planning meetings and providing technical assistance.

In FY 1998, in addition to the DMH Division Director of Children and Youth Services, the Coordinator of Community Services or the Director of Special Projects within the Division participated in meetings of the Children's Advisory Council throughout FY 1998. In FY 1998, those meetings were utilized by the CAC to receive updates of progress by the two project sites for the MS Connections project, for overseeing the reissuing, reviewing, and approval of grant continuation proposals for FY 1999 for the two sites, and for approving the awarding of funds for continued implementation of the project. Minutes of the meetings are available through Mississippi Families As Allies for Children's Mental Health, Inc., the Executive Director of which serves as chairperson of the CAC. In FY 1998, during the 1997 Legislative Session, House Bill 512 was passed, extending the Children's Advisory Council and authority for the Mississippi Connections project through June 30, 2000.

In FY 1998, financial information from the MS Connections project being implemented in two communities in the state continued to be available through the Children's Advisory Council. Information provided to the CAC by the Division of Medicaid's representative on the Council on February 18, 1998, indicated that prior to MS Connections, the 19 children enrolled in the MS Connections Forrest County project had an average inpatient psychiatric cost of \$24,729.39 for 12 months prior to enrollment in MS Connections. Since enrollment in MS Connections, this cost had decreased to \$17,665.49 per enrollee for 12 months, with all of these funds being spent for out-of-hospital, community-based services. During FY 1998, the second pilot program, Clay County, reported that the total number of enrollees at the time of the report (nine) had not been hospitalized. In summary, for FY 1997 and FY 1998, the MS Connections project demonstrated successful

implementation of a new type of monthly reimbursement for children/youth with SED, using blended funding pooled from three state agencies: the Department of Mental Health, the Department of Human Services and the State Department of Education. Additionally, in-kind services were available in each community through existing programs from the State Department of Health for both Medicaid and non-Medicaid eligible enrollees in the two pilot programs. Further analysis of fiscal resource utilization is on-going.

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 1998, an interagency agreement was again signed. This agreement was revised significantly in this year to address functions critical to preparing for this team to become an "umbrella" state-level linkage for the developing network of local case review teams, i.e., MAP teams. The team continued to meet monthly and reviewed 60 cases (with summaries of meetings and actions taken documented). DMH continued to fund a position for a State Level Crisis Intervention Specialist to facilitate individual follow-up with agencies committed to provide support and services for children/youth reviewed by the team. These children and youth are those for whom all services and support efforts appear to be inadequate or not accessible.

In FY 1998, the State Level Case Review Team continued to have a Crisis Intervention Specialist assigned to the team to assist with coordination and support for children and youth referred to the State Level Case Review Team. This intensive crisis interventionist/case manager to the State Level Case Review Team was assigned to facilitate improved access to services for targeted children/youth addressed by the team.

In FY 1998, training addressing strategies and guidelines for local infrastructure building was provided; participants included CMHC Children's Case Management or Supervisory staff in a two-day WRAP Around Institute held by Mississippi Families As Allies for Children's Mental Health in Jackson, MS, in January 1998. The training also addressed inclusion of families in service building and meeting the needs of children/youth; establishing linkages with key child and family service providers from the public sector, as well as key stakeholders in the community; and, defining and developing the WRAP Around concept at the community level to serve children/youth with SED and

their families. Additionally, there was attendance by case managers or supervisors from CMHCs at four town meetings addressing concepts and strategies for developing WRAP Around across the state (in March, April, May and June 1998). The State Department of Mental Health sponsored a Standardization of Forms meeting on April 29-May 1, 1998. The case management forms and guidelines for implementation were presented and reviewed with participating case managers and supervisory staff from all CMHC regions.

In FY 1998, the DMH Division of Children and Youth Services participated on the following interagency workgroups:

- * 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
- * Local Level MAP Teams in Regions 3, 5, 6, 7, 8, 9, 10, 12, 13, 14, and 15
- * Hinds County Visions Task Force
- * Task Force for the Prevention of Sexual Aggression
- * Planning Committee for Lookin' To The Future Conference
- * Children's Advisory Council
- * Children's Task Force
- * Peer Advisory Group
- * Blue Ribbon Campaign Committee

In FY 1998, as mentioned previously, training consisted of participation by CMHC Children's Case Management or Supervisory staff in a two-day WRAP Around Institute held by Mississippi Families As Allies for Children's Mental Health in Jackson, MS, in January 1998. All of these efforts focused on building/developing the local infrastructure. Additionally, there was attendance by case managers or supervisors at CMHCs at four town meetings addressing WRAP Around across the state in March, April, May and June 1998. Through participation at the January WRAP Around Institute and the four town meetings, all CMHCs had representatives of case management personnel and children services supervisory personnel.

In FY 1998, service providers funded with CMHS Block Grant funds for children and youth continued to be required to include in their proposals for these funds strategies that they would provide interagency case review teams. To facilitate development of local teams in FY 1998, local infrastructure building was included at the 6th Annual Children's Mental Health Institute in October 1997. The WRAP Around Institute in January 1998 and MAP Team

technical assistance meetings sponsored by the DMH were held on October 21, December 2, 1997, and February 2, March 3, May 19, June 23, July 31, August 25, and September 25, 1998, addressed building and strengthening local infrastructures to be used in supporting implementation of WRAP around service delivery. These meetings focused on developing interagency agreements, family involvement, and improving and/or identifying resources in the community.

In FY 1998, 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.

Training made available to these groups included the following events that were provided and /or facilitated by the DMH Division of Children/Youth in FY 1998:

Sixth Annual Children's Mental Health Institute, October 6-8, 1997

Staff and Family Representatives trained: Approximately 250

Training Site: Edison-Walthall Hotel, Jackson, MS

Training included sessions on formal assessments, building infrastructure, family education, youth in the Juvenile Justice System, early intervention and prevention, case management, innovative services, youth with SED and substance abuse, school based services, specialized population, and pre-school services.

National Coalition Building Institute (NCBI): Prejudice Reduction Training, November 9, 1997, July 14, April 7-9, and September 8, 1998

Staff, Family Representatives, CMHC direct care providers and administrators trained: approximately 150 participants total

Training sites: Jackson

Training included cultural diversity, including role play and learning about other stereotypes.

CAFAS (Child and Adolescent Functional Assessment Scale) Training, November 17, 1997, March 11, March 17, March 18, August 27, 1998

Participants: 130 total

Training Site: Jackson, Starkville, Gautier, Tupelo, MS

This training prepared master's level therapists to administer the CAFAS and to become trainers of others to administer the CAFAS.

Department of Mental Health Standards and Assessment Training, January 27, 1998

Participants: 35

Training Site: Natchez, MS

This training included and provided direct care children/youth staff of Southwest MS Mental Health Complex with information on minimum standards, treatment plans, case management, day treatment, and outpatient services.

Bazon WRAP Around Conference, January 13-14, 1998

Participants included approximately 200 service providers and family members

Training Site: Harvey North, Jackson, MS

Training included a national speaker on the WRAP concept and break out sessions that consisted of building consensus on a local level of the needs in four areas of the state.

Community Residential Living Directors Meeting Training, February 5, 1998

Participants: 30 directors from DMH Therapeutic Group Homes and Therapeutic Foster Care across the state;

Training Site: Roosevelt State Park, Morton, MS

Training included updated information on assessment, treatment plans, and funding.

Managing Aggressive Behavior Training, April 22-23, June 10-11, July 1-2, July 15-16, 1998

Participants: Approximately 50 day treatment direct care workers and supervisors

Training Sites: Tupelo, Jackson, Greenwood, and Gulfport, MS

Training included behavior management plans, reinforcement rules, role play, and time out issues.

Standardization of Forms and Assessment Training, April 28- May 1, 1998

Participants: 160 DMH-certified providers across the state

Training Site: Roosevelt State Park, Morton, MS

Training included training on how to use the new standardized forms, updates on treatment plans, case management, and assessments.

"Listen and Refer" Crisis Response Training, June 30, 1998

Participants: Directors of 2 CMHCs (3 participants)

Training Site: Jackson, MS

Training included the gathering of information on functional assessment, crisis intervention, and how to utilize both together.

In FY 1998, as mentioned previously, the Department of Mental Health continued to require input from the Department of Human Services local county personnel (for those children/youth in DHS custody), as well as from representatives of local school districts in developing and/or reviewing individual plans for case management. Compliance with this requirement was monitored by DMH, Division of Children and Youth staff at the time of each providers's annual certification/site visit.

In FY 1998, two staff members 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 the WRAP Around Institute.

PURSUIT OF GRANTS

The DMH Division of Children and Youth Services continued providing support to and participating in the implementation of a SAMHSA Community Services Action Grant, awarded in October 1997, to MS Families As Allies for Children's Mental Health, Inc., and the Bazelon Center for Mental Health Law. In FY 1998, the MS WRAP Around Local Planning Grant funded by SAMHSA and led by the Bazelon Center for Mental Health Law and MSFAA provided key activities. These included a statewide conference in January 1998, hosted by MSFAA; four town meetings that covered all areas of the state; four focus meetings following the town meetings; a two-day strategic planning meeting to compile the input gathered over the year's implementation from the local meetings, and a draft of a strategic plan that can be used to implement a wraparound statewide initiative.

Additionally, the Division also continued activities to facilitate or support implementation of the study being conducted by Vanderbilt University, including the addition of children with substance abuse to the study (awarded in September 1997, with implementation beginning in FY 1998). The study compares outcomes for Mississippi's Medicaid population of children and families with mental health needs and of children with chemical dependency, who are served through a fee-for-service system, to comparable populations served under a Medicaid managed care system in Tennessee.

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, community-based primary residential and transitional residential treatment, inpatient, and aftercare services. The division provides technical assistance on the development and implementation of employee assistance programs to state agencies and other interested organizations. 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 community-based services are provided through a grant/contract with other state agencies, local public agencies, and nonprofit organizations.

Funding for alcohol and drug abuse prevention and treatment services is provided by both state and federal sources: Federal sources of funding include the Substance Abuse Prevention and Treatment (SAPT) Block Grant and the Social Services Block Grant (SSBG). Federal SAPT Block Grant funds are used to provide the following services: (1) general outpatient treatment (individual, family and group counseling for individuals with alcohol or drug abuse problems, their family members and significant others); (2) intensive outpatient programs; (3) primary residential treatment programs; (4) transitional residential treatment programs; (5) outreach/aftercare services; (6) prevention services; (7) community-based residential substance abuse treatment for adolescents; (8) special women's services (including day treatment and residential treatment with emphasis on special outreach activities and special programs for the children of alcohol and drug abusers); (9) education and referral for individuals in treatment at high risk for HIV; and, (10) services for individuals with dual diagnoses of substance abuse and serious mental illness. SSBG funds are administered in Mississippi by the Governor's Office, Mississippi Department of Human Services (DHS). The Mississippi Department of Mental Health makes application to DHS for SSBG funds and receives and administers these funds for substance abuse, mental health and developmental disabilities services. SSBG funds partially support primary residential treatment services for substance abuse. The federal Center for Substance Abuse Treatment (CSAT) also continues to provide the Division of Alcohol and Drug Abuse additional funds to continue substance abuse treatment services for SSI recipients. Additionally, CSAT awarded the Division of Alcohol and Drug Abuse a federal grant in 1995 to conduct a three-year, statewide needs assessment.

State sources of funding include the state Three Percent Alcohol Tax and State General Funds. The state Three Percent Alcohol Tax funds are used to provide detoxification, primary and transitional residential treatment, aftercare, vocational rehabilitation services, inpatient treatment at Mississippi State Hospital, and an alcohol and drug treatment program at the State Penitentiary in Parchman, MS. State General Funds are utilized to help support community-based primary residential treatment services and inpatient chemical dependence services at the two state psychiatric facilities.

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 substance abuse problems and who reside in the hospital's catchment area. Currently, EMSH's alcohol and drug treatment program also provides hospital-based substance abuse treatment for chemically dependent adolescents, as well as treatment for adolescents with dual diagnoses, 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 Chemical Dependency Unit at Mississippi State Hospital, made up of three units with a total of 123 beds, treats patients for alcohol and/or drug problems. There are two separate units for males and females. The service also provides a unit for male patients who are dually diagnosed with Mental Illness/Chemical Addiction (MICA Program). The treatment program includes a short period of detoxification, complete medical care, group therapy, counseling, family conferences, and an introduction to Alcoholics Anonymous.

The Community Services program of the Mississippi State Hospital operates the Mental Illness with Chemical Addiction Recovery Environment (MICARE) Unit, a 12-bed group home for persons with dual diagnosis of mental illness and chemical addiction.

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 substance abuse services: prevention services, employee assistance programs, individual counseling, group counseling, family counseling, outreach/aftercare services, primary residential services (including detoxification services), transitional residential services, vocational counseling, and emergency services (including a 24-hour hotline). Many centers now also provide a 10-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 day treatment and specialized services for children and adolescents, elderly persons, and women.

Nonprofit Providers

Although the 15 community mental health centers provide comprehensive substance abuse 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 process and environmental initiatives.

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 services.

The 10-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 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.

**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. 124-154 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 women, children, DUI offenders and state penitentiary inmates with substance abuse problems.

These specialized programs may include various components of the service system described previously.

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 federal block grant funds 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 PROGRAMS

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 worksite-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 EAPs 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.

SSI/SSDI RECIPIENTS

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.

The United States Congress then gave 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. Therefore, 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 these individuals.

Progress and Service Highlights in FY 1998
Alcohol and Drug Abuse Services

The FY 1998 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 1998:

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: This study was completed during FY 1998.

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: This study was completed during FY 1998.

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: The draft final was received during FY 1998 and was subsequently reviewed by Department of Mental Health staff. Plans were underway at the end of FY 1998 to provide the Project Director with report recommendations and a request for a revised draft final.

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: During FY 1998, the project subcontractor submitted a revised draft final to the Department of Mental Health (DMH). DMH staff were in the process of reviewing this draft final at fiscal year's end.

5. Social Indicator Study and the Integrated Analysis of the Demand for Substance Abuse Treatment in Mississippi Study (Studies 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 1998, the protocol for the Social Indicator Study was completed, and the protocol for the Integrated Analysis Study was in the process of being written.

Note: Summary results of studies completed (above) are available through the DMH Division of Alcohol and Drug Abuse.

During FY 1997, the Department of Mental Health, Division of Alcohol and Drug Abuse submitted an application for federal funds to conduct a three-year, state-wide substance abuse prevention needs assessment project. It was therefore an objective in the FY 1998 State Plan for Alcohol and Drug Abuse Services to implement a formal needs assessment study of the substance abuse prevention needs in Mississippi, if federal funds became available. However,

the Division of Alcohol and Drug Abuse was not awarded the contract for this project. Therefore, no activities for implementation took place in FY 1998.

**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.

A significant piece of state legislation, the Mental Health Reform Act, was passed during the 1997 State Legislative Session. The bill, also often referred to as SB 2100, 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 the major mental health advocacy groups in the state, as well as by Mississippi's State Board of Mental Health, the governing authority of the MS Department of Mental Health. In addition to exclusion of community mental health center programs from Medicaid capitated programs, the legislation further codified the Department of Mental Health's authority to set and enforce minimum standards for community mental health services to ensure the uniformity in availability and quality of basic services for both adults and children across the 15 mental health center 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.

In FY 1998, the DMH Division of Alcohol and Drug Abuse began processes to implement various provisions of SB 2100. Specific implementation activities undertaken in FY 1998 include the following:

In FY 1998, in an effort to address one of the provisions of SB 2100, as described previously, the DMH Division of Alcohol and Drug Abuse initiated efforts to develop a peer review process for the purpose of evaluating the quality, appropriateness and efficacy of the DMH-funded substance abuse prevention and treatment programs. The peer review process is designed to assist these programs in assessing their strengths and weaknesses; to make changes toward effective services; and, to promote information sharing among the programs. The projected outcome of this process is to improve the quality of alcohol and drug abuse prevention and treatment services across the state. (The other two divisions in the Department's Bureau of Mental Health, adult and children's mental health services, also initiated peer review processes for their respective divisions in FY 1998.)

Initials efforts undertaken in FY 1998 to establish the DMH Division of Alcohol and Drug Abuse peer review process include the following: The DMH Division of Alcohol and Drug Abuse established an initial pool of peer reviewers with expertise in alcohol and drug abuse prevention and/or treatment from among staff from the 15 regional community mental health centers. Also in FY 1998, the DMH Division of Alcohol and Drug Abuse became involved with the DMH Peer Review Advisory Group, which was established for the purpose of assisting the adult and children's mental health divisions and the alcohol and drug division in developing their peer review processes.

In FY 1997, the Department of Mental Health formed a Performance/Outcomes Measures work group, comprised of DMH staff, service providers, adult consumers and family members. Beginning in FY 1997 and continuing into FY 1998, the Division of Alcohol and Drug Abuse, in concert with the alcohol and drug abuse performance/outcome measures committee subgroup, developed a draft of recommended outcome measures for alcohol and drug treatment services and developed a draft of a functional assessment instrument for use by the DMH-funded substance abuse treatment programs, excluding transitional treatment and aftercare services.

In FY 1998, to further address compliance with the parameters of SB 2100, the Division of Alcohol and Drug Abuse worked in concert with two other divisions in the Department's Bureau of Mental Health, adult and children's mental health services, to develop standardized forms for the DMH-certified mental health/substance abuse prevention and treatment service providers.

The DMH Office of Constituency Services was established near the end of FY 1997. The major responsibilities of this office are establishing and maintaining a toll-free help line for responding to consumer needs for information and complaints and grievances. This office continued work in FY 1998 to develop policies and procedures for its operation, which include receiving, investigating and resolving consumer complaints in all programs and services operated and/or certified by the DMH. Information and referral software, to provide more timely access to information about the services certified by the DMH, was purchased and installed, and staff received training in its operation. The software has reporting capabilities to track the nature and frequency of calls. Work continued to enter necessary data into this system. Work also continued on the development of informal and formal procedures, including time lines and standard forms, for use in implementing the complaint/grievance process.

**OUTREACH/
AFTERCARE
SERVICES**

The Alcohol and Drug Treatment and Prevention Resources directory, 1997-1998 edition, was published and distributed to all DMH-certified substance abuse programs (and other related programs/organizations) in FY 1997. This directory is used for referral and reference to substance abuse prevention and treatment services across the state. During FY 1998, this directory continued to be distributed to interested parties, as requests were received and as supplies were available. Plans were underway at the end of FY 1998 to update the biennial directory during FY 1999.

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.

**SSI/SSDI
RECIPIENTS**

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.

The United States Congress then gave 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 continues to maintain a pool of funds, aside from regular contract allocations, to pay for priority services to these individuals.

**PREVENTION
SERVICES**

In FY 1998, 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/activities in providing prevention services: (1) information dissemination, (2) education, (3) alternatives, (4) problem identification and referral, (5) community-based process and (6) environmental. Division of Alcohol and Drug Abuse staff continued to monitor implementation of these strategies/activities during regularly scheduled site visits.

During FY 1997, a draft of a Five-Year Plan for Prevention Services was developed. This Five-Year Plan was finalized in FY 1998, and implementation of the plan was subsequently begun. A copy of the final plan was sent to each of the 15 community mental health/mental retardation centers and to the freestanding prevention programs certified/funded through the Department of Mental Health.

**EMPLOYEE
ASSISTANCE
PROGRAMS**

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

During FY 1998, the Department of Mental Health also sponsored an Employee Assistance Program seminar, the purpose of which was to educate state agencies about the necessity of these programs. Information and technical assistance concerning the development and implementation of employee assistance programs were provided during this seminar.

Also during FY 1998, the Director of Employee Assistance Program Services in the Department of Mental Health continued to provide a series of health and wellness seminars for DMH Central Office staff.

**TOBACCO
USE
PREVENTION**

As stated in the FY 1998 State Plan for Alcohol and Drug Abuse Services, the Office of the Attorney General or local law enforcement agencies assumed responsibility, in February 1998, for ensuring compliance with the state youth access to tobacco law; the Mississippi Juvenile Tobacco Access and Prevention Act of 1997. (Prior to February 1998, the Department of Public Safety (DPS) was the responsible agency).

In FY 1996 and FY 1997, the DMH Division of Alcohol and Drug Abuse worked in concert with DPS to ensure that state compliance check surveys were conducted to determine the annual rate of tobacco sales to Mississippi minors. Results from the survey initiated in FY 1996 (and completed in FY 1997) were utilized to establish a baseline rate of tobacco sales to Mississippi minors. A second survey was initiated by DPS and DMH in FY 1997 (and completed in FY 1998), as a follow-up to the one begun in FY 1996. As stated previously, the Office of the Attorney General or local law enforcement agencies assumed the responsibility for ensuring compliance with the state youth access to tobacco law in February 1998. Therefore, by the end of FY 1998, the DMH Division of Alcohol and Drug Abuse had begun to collaborate with the Office of the Attorney General to assist this Office in conducting a third annual state compliance check survey.

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 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 continued to participate regularly in meetings of the Mississippi Tobacco-Free Coalition, Inc. The Coalition has been a means of broadening tobacco use prevention efforts in the state.

During FY 1998, the Mississippi Department of Mental Health co-sponsored, along with the Mississippi State Department of Health and the Office of the Attorney General, nine workshops to educate tobacco retailers, wholesalers, law enforcement personnel and other concerned citizens about the Mississippi Juvenile Tobacco Access and Prevention Act of 1997. DREAM, one of the freestanding prevention programs certified/funded through the Department of Mental Health, facilitated these workshops.

**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 12,674 clients served in programs funded by the Division during FY 1998.

Funds were also made available to support 13 Intensive Outpatient Programs for FY 1998. There were 1,438 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 1998, primary residential treatment was provided to 9,476 individuals. The following table lists the community-based primary residential alcohol/drug treatment programs available in FY 1998.

FY 1998 Community-Based Primary Residential Alcohol/Drug Treatment Programs

Location	Program	Agency	Beds
17 Brookhaven	Newhaven Recovery Center	Southwest MS Mental Health Complex	45
1 Clarksdale	Fairland	Region 1 Community Mental Health Center	50
7 Columbus	Cady Hill & The Pines	Community Counseling Services	30
4 Corinth	Timber Hills Haven House	Timber Hills Mental Health Services	15
5 Greenville	Nunan Center	Delta Community Mental Health Services	21
6 Greenwood	Denton House	Life Help	30
13 Gulfport	Live Oaks	Gulf Coast Mental Health Center	17
Jackson 9	Harbor House	Harbor House, Inc.	36
12 Moselle	Clearview Recovery Center	Pine Belt Mental Healthcare Resources	24
8 Mendenhall	New Roads	Human Services Center	15
10 Meridian	Weems Life Care	Weems Community Mental Health Center	23
2 Oxford	The Haven House	Communicare	15
3 Tupelo	Harbor House	Region III Mental Health Center	60
14 Pascagoula	Stevens Center	Singing River Services	18
15 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 1998, a total of 204 adolescents with substance abuse problems or dual diagnoses of substance abuse and mental illness received services through the DMH-funded programs listed in the following table.

It was an objective in the FY 1998 State Plan for Alcohol and Drug Abuse Services to expand existing community-based residential treatment services for adolescents with substance abuse problems. In FY 1997, the DMH Division of Alcohol and Drug Abuse made funding available to one of the three existing community-based residential treatment programs for adolescents (Sunflower Landing) to expand its bed capacity. This expansion actually occurred in FY 1998, when this program's capacity increased from 14 to 24 beds (see chart below/"FY 1998 Community-Based Primary Residential Substance Abuse Programs for Adolescents").

It was also an objective in the FY 1998 State Plan for Alcohol and Drug Abuse Services to initiate one additional program to provide community-based residential treatment services for adolescents with substance abuse problems, contingent upon the availability of funds. Funds for this endeavor were subsequently not available in FY 1998. However, the following FY 1998 activities served to augment the existing community-based residential treatment services for adolescents in the state: 1) above-listed expansion of Sunflower Landing; and, 2) continuation of funding for a community-based intensive outpatient program for adolescents.

FY 1998 Community-Based Primary Residential Substance Abuse Programs for Adolescents

Program	Location	Beds
Sunflower Landing (Region 1 CMHC)	Clarksdale	24
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 1998; however, one of these 14 programs subsequently closed during the FY 1998 time period.

Transitional residential treatment was provided to an estimated 1,104 individuals during FY 1998. The following table contains the community-based alcohol/drug abuse transitional programs available in FY 1998 across the state. Programs for pregnant women and women with young children were also funded in FY 1998.

FY 1998 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	14
Pascagoula	Stevens Center	Singing River Services	8
Whitfield	MICARE	Mississippi State Hospital	12
Clarksdale	Fairland	Region 1 CMHC	2

**SERVICES
FOR
WOMEN**

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

In FY 1998, the DMH Division of Alcohol and Drug Abuse made available funding to support two existing specialized primary residential treatment programs and two existing specialized transitional residential treatment programs for pregnant women.

In FY 1998, the DMH Division of Alcohol and Drug Abuse continued to make available funding to expand the availability of specialized community-based treatment services for pregnant women and women with young children. Specifically, funding was made available to Region 11 Community Mental Health Center to provide specialized primary and transitional residential treatment programs for this population. By fiscal year's end, property for this specialized treatment facility, to be located in Tylertown, MS, had been acquired.

(See p.121 of this annual report for additional information regarding available alcohol and drug treatment services for women.)

DUAL DIAGNOSIS

The DMH Division of Alcohol and Drug Abuse made available funding to support one transitional residential 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 this service.

In FY 1998, 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 1998, the 15 CMHCs and the Community Services Divisions of the two state psychiatric hospitals reported serving 6,739 adults with a dual diagnosis of serious mental illness and substance abuse.

In FY 1998, DMH Division of Alcohol and Drug Abuse staff continued to participate on the Dual Diagnosis Task Force. In federal FY 1998, the Dual Diagnosis Task Force met five times (February 24, 1998; April 20, 1998; June 16, 1998; July 17, 1998; and, September 14, 1998). A Dual Diagnosis Task Force Report was given to the MS State Mental Health Planning Council on August 10, 1998 (FY 1999 activity). The task force provided training on November 15, 1997, by Dr. Kenneth Minkoff. The Dual Diagnosis Task Force discussed the need for additional training. As a result of the overwhelmingly positive results of the Minkoff seminar, the task force provided a three-day dual diagnosis conference in December 1998 (FY 1999 activity) by Kenneth Minkoff.

(See p. 57 of the section on Community-Based Services for Adults for more information on Dual Diagnosis Services.)

SERVICES FOR PRISONERS

During FY 1998, each newly admitted inmate to the Mississippi State Penitentiary at Parchman was screened for alcohol and drug problems.

In FY 1998, there were 1,683 inmates served in the residential alcohol and drug program at the Mississippi State Penitentiary in Parchman, MS.

Through a contract with a private nonprofit provider, the DMH Division of Alcohol and Drug Abuse provided funding for day treatment services for women at the Rankin County Correctional Facility. Two hundred fifty-two clients were served through this program in FY 1998. Funding was also made available to support a specialized transitional substance abuse treatment program for women transitioning from correctional facilities.

DUI PROGRAM

In FY 1998, 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.

VOCATIONAL SERVICES

The DMH Division of Alcohol and Drug Abuse continued to contract with the Department of Rehabilitation Services (Office of Vocational Rehabilitation) to provide vocational rehabilitation services to substance abusers in local transitional programs. The Office of Vocational Rehabilitation served 747 clients with a primary disability of alcoholism and 697 clients with a secondary disability of alcoholism 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 1998, a total of 148 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. 125-126 for detailed information on these services.

**HUMAN
RESOURCE
DEVELOPMENT**

The DMH Division of Alcohol and Drug Abuse offered 22 stipends for individuals to attend the annual Southeastern School of Alcohol and Other Drug Studies, held annually in Athens, Georgia. One of these stipends was made available for an individual to attend the Leadership Institute component of this school. Forty stipends were made available for individuals to attend Jackson State University's annual Mississippi Summer School of Alcohol and Drug Studies.

The Department of Mental Health Minimum Standards continued to require that certified programs provide ongoing, annual staff development activities, which are specified in the Minimum Standards. Implementation of this requirement was monitored by Division of Alcohol and Drug Abuse staff on regularly scheduled site visits.

In FY 1998, technical assistance was given to the DMH-certified substance abuse prevention and treatment programs, as requested, on regularly scheduled site visits. During these visits, Division of Alcohol and Drug Abuse staff typically queried program staff about their training/technical assistance needs. As a result of these and other contacts with the providers, division staff began initial planning efforts for a series of training/technical assistance workshops to be offered in FY 1999.

In FY 1998, in an effort to address compliance with the parameters of SB 2100 as previously described in this report, the Division of Alcohol and Drug Abuse worked in concert with two other divisions in the Department's Bureau of Mental Health, adult and children's mental health services, to develop standardized forms for the DMH-certified mental health/substance abuse prevention and treatment service providers. Subsequently during FY 1998, the Division of Alcohol and Drug Abuse, in conjunction with adult and children's mental health services, provided a training workshop for the DMH-certified service providers. This workshop included training on the use of the new forms as well as training on the revisions/additions made to the Department of Mental Health Minimum Standards as a result of the new forms. Additional individual forms training sessions were also provided by the Division of Alcohol and Drug Abuse, as requests for this type of training were received.

**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 regularly scheduled site visits.

In FY 1998, clients of residential alcohol and drug treatment programs certified/funded through the DMH were offered, on a voluntary basis, HIV

testing. Clients testing positive were offered additional counseling services paid for through SAPT block grant funds.

Also in FY 1998, to enhance further HIV/tuberculosis prevention and assessment services, the DMH Division of Alcohol and Drug Abuse developed a TB/HIV risk assessment form for the alcohol and drug treatment programs certified/funded through the DMH. Additionally in FY 1998, training on the use of the new risk assessment form, as well as general TB/HIV awareness/education information, was provided to the alcohol and drug treatment programs funded/certified by the DMH. This training was provided to the programs by the State Department of Health, at the request of the DMH Division of Alcohol and Drug Abuse.

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 comprehensive 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 1998, 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 of these hospitals.

Both comprehensive 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. 42-66 of this report for more information on these service components.)

In FY 1998, admissions to both comprehensive regional psychiatric facilities and the nursing facilities located on hospital grounds totaled 3,313. More specific services data from each facility can be found on p. 125 in Table 4 (Mississippi State Hospital) and on p. 126 in Table 5 (East Mississippi State Hospital).

Table 4

MISSISSIPPI STATE HOSPITAL Fiscal Year 1998 - Institutional Services

Institutional Services	Psychiatric Hospital	Chemical Dependence Unit (Adult)	Med/Surg. Hospital	Nursing Home	Adolescent Unit	Totals
Inpatients (7-1-97)	708	89	20	444	55	1,296
Additions	1,043	610	101	81	130	1,965
Intra-Admissions	0	158	450	224	1	833
First Admissions	432	450	47	69	112	1,110
Readmissions	611	160	54	12	18	855
Transfers	7	0	41	0	1	49
Chancery 90 Day	0	609	0	0	0	609
Voluntary Respite	0	0	0	0	0	0
Voluntary Alcohol Commitments	0	0	0	0	0	0
Involuntary Commitments	1,002	1	60	0	126	1,189
Voluntary Commitments	0	0	0	81	3	84
Discharges	981	659	99	83	133	1,945
Intra-Discharges	0	24	408	224	3	659
Inpatients (6-30-98)	680	114	20	441	50	1,305
Average Daily Census	713	105	21	439	51	1,329
Active Beds	725	123	26	451	60	1,385
Licensed/Approved Bed Capacity	1,374	132	43	451	60	2,060
Days of Patient Care	246,426	42,179	7,692	160,318	18,608	475,219

Community Services

Community Services	Total Clients Served
Alternative Living Arrangements	79
Case Management	168
Psychosocial Rehabilitation	88

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

Licensed Bed Capacity: The maximum number of beds approved by the state licensing (certifying) agency for the facility's use in providing inpatient care. Of Mississippi State Hospital's total licensed bed capacity, 214 beds are in closed buildings, and 461 beds are not currently staffed or equipped to appropriate patient care (2,060 - 1,385 = 675).

Table 5

EAST MISSISSIPPI STATE HOSPITAL Fiscal Year 1998-Institutional Services

Institutional Services	Adult Psychiatric Services	Adolescent Services	Adult CDU Services	Nursing Homes	Totals
Inpatients on 7-1-97	335	28	25	215	603
Additions	805	160	325	58	1,348
First Admissions	384	146	207	58	795
Readmissions	421	14	118	0	553
Transfers	4	0	1	0	5
Voluntary Admissions	0	2	3	58	63
Involuntary Admissions	801	158	321	0	1,280
Discharges	823	151	329	55	1,358
Inpatients on 6-30-98	317	37	21	218	593
Average Daily Census	309	29	23	214	575
Active Beds on 6-30-98	332	50	25	226	633
Licensed/Approved Beds on 6-30-98	332	50	25	228	635
Days of Patient Care	112,550	10,461	8,471	78,488	209,970

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

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

EMSH Community Services

Community Services	Total Clients Served*
Alternative Living Arrangements (Group Homes & Apartments)	71
Case Management Program	188
Amenity Center	34
Psychosocial Rehabilitation	243
Training Center	75

*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 1998

East Mississippi State Hospital's Annual Progress Report for Fiscal Year 1998, 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 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.

Progress reports on the hospital's goals and objectives achieved during the fiscal year and statistical information are grouped according to the above-mentioned categories.

Institutional Care Program

QUALITY CARE

A total of 1,290 individuals were admitted to the various services (excluding nursing homes) of EMSH during the Fiscal Year 1998, as follows: 805 were admitted to the Adult Psychiatric Services; 160 were admitted to the Adolescent Services; and, 325 were admitted to the Adult Chemical Dependency Services. A total of 131,482 days of patient care were provided during the fiscal year, as follows: 112,550 days of patient care were provided in the Adult Psychiatric Services; 10,461 days of patient care were provided in the Adolescent Services; and, 8,471 days of patient care were provided in the Adult Chemical Dependency Services. A total of 1,678 individuals were provided services at EMSH during Fiscal Year 1998, as follows: 1,140 individuals were provided care in the Adult Psychiatric Services; 188 individuals were provided care in the Adolescent Services; and, 350 individuals were provided care in the Adult Chemical Dependency Services.

See Table 5 on p. 126 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, regulations, codes, 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, regulations, codes, etc.

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

In February 1998, the EMSH Internal Governing Board approved a hospital-wide policy on patient and family education. The policy mandates that treatment teams will offer conferences to families and/or interested parties of all patients admitted to EMSH. The purpose was to seek input from the patients and their respective families/legal guardians concerning topics about which they would like more information. Traditionally, they have been given information concerning the patient's diagnosis and medications. This program was expanded to include information concerning topics such as communication within the family unit, stages of development and growth in the adolescent years, changing needs of the adolescent and issues common to adolescents. Educational handouts covering 32 topics have been developed or obtained and are displayed and available to the patient and family/legal guardian.

The Patient Satisfaction Survey form was revised during the fiscal year to capture and address specific data that are needed to assess patient care. This form assesses patient satisfaction with regard to a number of different domains of treatment, including the following: medications, psychology, social work, nursing, and recreation. Additionally, the revised form addresses physical conditions on the unit and the quality of the food. The form is administered to all patients during the first week of the month, at the time of transfer to another unit, and upon discharge. The psychology department has the primary responsibility for revision and completion of the form and presentation of the data. The revised form was implemented on May 1, 1998. The data summarized from administration of the form are dispersed to department directors, treatment team staff and other interested parties.

In July 1997, the Division of Quality Assurance and Risk Management hired an Occupational Health Nurse. This individual has been responsible for the development of employee health activities. The hiring of this individual allowed reallocation of resources within the division to facilitate the development of other programs.

The EMHS Coordinator for the Infection Control/Occupational Health Program attained national/international certification in infection control. This accomplishment was achieved by meeting the requirements of the Certification Board of Infection Control (CBIC).

Magnolia Grove School, which serves the patients of the Adolescent Unit, incorporated into its curriculum alcohol and drug education classes that are held weekly. The content, lesson plans, tests, and activities, were developed for the teachers by the Adolescent Services' Alcohol and Drug Program Coordinator. These classes compliment and reinforce the principles and treatment approach which are utilized in the Alcohol and Drug Treatment Program.

During the fiscal year, the Adult Psychiatric Services referred 58 patients to one or more of the components of the Division of Community Services, including Case Management, the Adult Training Center, Amenity Center and/or the Group Homes.

During the fiscal year, 438 patients were treated with the atypical, newer antipsychotic medications such as Clozaril, Risperdal, or Zyprexa.

Outpatient commitments have been utilized during the fiscal year in order to address the problem of recidivism with those patients who are known to be non-compliant with aftercare and follow-up treatment. During the course of the fiscal year, outpatient commitments were as follows:

- 200 Outpatient Commitments implemented;
- 74 Outpatient Commitments extended for an additional year during the fiscal year;
- 51 Outpatient Commitments rescinded, and the patient returned to the hospital;
- 58 patients whose Outpatient Commitments were not renewed.

During fiscal year 1997-1998, 93% of all psychiatric patients discharged were referred to either outpatient aftercare services or to residential or another type of inpatient setting. Twenty-nine percent of the remaining seven percent were not referred due to patient refusal.

**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 Department of Mental Health. During FY 1998, 244 new employees attended the hospital-wide orientation program.

The Direct Care Training Program was established to improve the direct care services provided to the patients/clients of EMSH. During the fiscal year, 47 direct care trainees completed the program.

During the fiscal year, a Staff Competency Verification Program was expanded to become hospital-wide at EMSH. The program requires all employees to demonstrate (at the unit or department level) that they are capable of performing the duties that are necessary for satisfactory job completion.

During the fiscal year, East Mississippi State Hospital made preparations to implement a new training process to ensure better that all employees receive training on various mandated topics. The new system facilitates ease in scheduling employees for training activities and also allows the staff development department more time to develop additional inservice training topics. Implementation of the new system is scheduled for fiscal year 1999.

During the fiscal year, 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 may be certified as having successfully completing the nurse aide competency evaluation examination. Certification is filed with the Board of Nursing. Fifty-six nurse aides completed training and were certified during this fiscal year.

Certified training in Cardio-Pulmonary Resuscitation (CPR), utilizing techniques of the American Heart Association, was provided during the fiscal year and was successfully completed by 158 individuals.

Techniques for the Management of Aggressive Behavior (TMAB) training was provided to 303 professional and paraprofessional staff members.

The Staff Development Department collaborated with the Department of Mental Health to provide Case Management Training for 20 individuals 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. There were 12 different training sessions conducted throughout the year.

Continuing medical education for facility medical staff was provided on a monthly basis through Psychlink, an interactive medical network designed to deliver continuing medical education. During the fiscal year, there were 13 different training sessions held.

Two hundred forty-nine staff training sessions were held on-campus during the fiscal year; 154 staff training sessions were held off-campus during the fiscal year.

Focal Group Therapy is a program designed to instruct trainers on group environment considerations, legal and ethical issues. A group of 11 completed the training requirements for this program.

EMSH's Division of Human Services continued to coordinate the Employee Assistance Program, which was utilized by 36 employees during the fiscal year.

The Division of Human Services also continued to offer medical library services through the inter-library loan service. The East Mississippi State Hospital Medical Library, through Remedios P. Maristela, has received a Certificate of Valued Membership to the National Network of Libraries for 1996-2001.

The Direct Care Worker advanced training curriculum was developed as a result of additional funding appropriated through Senate Bill 2100 for direct care workers who receive additional training. The Department of Mental Health established recommended criteria for admission to the DCW Advanced Training. The participants were selected by the Personnel Department according to the criteria, and 12 candidates successfully completed the curriculum and qualified for the promotion to Direct Care Worker Advanced.

During the fiscal year, the Psychology Department continued to maintain academic linkages with the University of MS, University of Southern MS, Jackson State University, MS State University-Main Campus, William Carey College and Mississippi State University-Meridian Branch.

During the fiscal year, the Social Service Department provided supervised field placement for 4 students from MS State University, University of MS and Rust College.

During the fiscal year, Adolescent Services successfully provided training placement for students on the doctoral level from the University of MS and the University of Southern MS.

The Nursing Service Department maintained academic linkages with the following institutions and rotated nurses through EMSH for psychiatric clinical experience: Meridian Community College had 30 practical nursing students and 80 associate degree students who participated in the program; Jones County Junior College had 28 practical nursing students and 29 associate degree students who participated in the program; and, the University of West Alabama had 24 students who utilized the program.

**QUALITY
NURSING
HOME
SERVICES**

During the fiscal year, the Reginald P. White Nursing Facilities admitted 58 individuals and provided care for a total of 273 individuals, resulting in a total of 78,488 days of patient care. See Table 5, p. 126 for additional service data.

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. 126. These service components include: group homes, supervised apartments, case management, respite services, Amenity Center, and the Adult Training Center.

During the fiscal year, 436 individuals were provided services in the Community Services Program, as follows: Group Homes (62); Apartment Living (9); Case Management (188); Respite Program (68); Amenity Center (34) and the Adult Training Center (75).

During the fiscal year, there were 186 admissions made to the Community Services Program either by direct admission or internal transfer as follows: Group Homes (10); Apartment Living (2); Case Management (29); Respite Program (62); Amenity Center (26) and the Adult Training Center (57).

During the fiscal year, 33,696 days of client care were provided in the Community Services Program as follows: Group Homes (21,900); Respite Program (1,324); Amenity Center (3,551) and the Adult Training Center (6,921).

During the fiscal year, 30 patients were discharged from the Community Services Program to EMSH as follows: Group Homes (3); Respite Program (7); Amenity Center (5); Adult Training Center (7); Case Management (7) and Apartment Living (1).

The Amenity Center provided a variety of services to its clients during the fiscal year, which included: clients were instructed through individual and group counseling/training sessions and medication management groups; eye and dental consultations occurred; lab appointments were attended; contacts were made with the nurse and physician; and, family conferences were held; 10 clients returned to live with their families.

The Adult Training Center provided the following services during the fiscal year: 48 patients were provided individual/group sessions, and staff maintained monthly family conferences in person or by telephone; 87 percent of the clients discharged were placed in less restrictive community settings such as group homes, personal care homes, Amenity Center, supervised apartment living, or returned to live at home.

During the fiscal year, the Case Management Program provided: 467 client referrals for medical/dental services; 775 referrals to Community Mental

Health Center services; 1,157 referrals for Social/Financial/Nutritional services; 1,783 home visits; and, 28 crisis interventions.

The Friendship Center, Inc., provided case management and rehabilitative services to an average of 48 clients per day during the fiscal year. A total of 297 classes and groups were held. Volunteers also provided important support to the program.

**EFFORTS TO
ACHIEVE
JCAHO
ACCREDITATION**

During the fiscal year, EMSH sent a letter to the Joint Commission on Accreditation for Healthcare Organizations (JCAHO) requesting an incremental survey process. At the close of the fiscal year, the hospital was awaiting notice from JCAHO regarding survey dates. The incremental process would begin with an accreditation survey for the Adolescent Unit. After a successful accreditation survey of the Adolescent Unit, EMSH would attempt accreditation of the different components of the hospital on a unit by unit basis.

During the fiscal year, the hospital continued to work towards accreditation by using preparation teams organized around the patient care and organizational functions identified by JCAHO. These teams strive toward bringing the hospital's organizational functions into compliance with JCAHO standards. Following is a list of some of the progress made toward these standards: the services of a consultant engineer were acquired to survey facility buildings for life safety, safety, medical equipment and hazardous materials compliance; the hospital successfully made the transition from civilian time to military time designation for hospital documents; all fire drill reports were maintained according to JCAHO standards; the Emergency Management Plan was submitted and approved for implementation by the EMSH Internal Governing Board; the Nursing Policy and Procedure Manual was completed and updated to meet JCAHO compliance standards; an Information Management Plan was drafted; the Adolescent Management Team undertook the dual role of the Performance Improvement Management Team for the Adolescent Unit; a survey of employees was conducted to identify areas in need of improvement; and, a pharmaceutical service survey was conducted on the Adolescent Unit, and the results were found to be in compliance with JCAHO standards.

During the fiscal year, the Organizational Performance Improvement Plan, the P-R-I-D-E Model and the Action Plan for implementation were completed. The P-R-I-D-E Model was revised to reflect the spirit and intent of the performance improvement initiatives outlined in the JCAHO function of improving organizational performance. These documents were approved by the Internal Governing Board and the Hospital Director on February 4, 1998.

The Nursing Service Department organized key nursing leaders to be on the nursing preparation team for JCAHO. The department is systematically working to meet JCAHO standards. Additionally, the Nursing Service Department continued to incorporate JCAHO standards into nursing functions on all psychiatric units of EMSH, including the Alcohol and Chemical Dependence Unit.

In an effort to achieve JCAHO accreditation, Psychology staff on the adult receiving units have continued performance improvement activities. These activities have resulted in initial patient assessments and timeliness of documentation in patients' charts, thereby meeting or exceeding requirements of JCAHO.

The Personnel Department was involved in developing a five-year plan to implement requirements for staffing according to JCAHO standards. A total of 539 positions, excluding support staff, were needed for the JCAHO accreditation process. The actual number of positions received by EMSH, since implementing the five-year plan, is 367. For fiscal year 1998, the number of positions received was 39.

**MAINTAIN/
IMPROVE
FACILITIES**

The contract for demolition of the old cafeteria was awarded June 1997. The project was completed December 10, 1997.

A relocatable classroom for the Magnolia Grove School was purchased in September 1997 through the hospital's operating budget. The building is located adjacent to the Adolescent Unit and was designed to meet ADA standards.

The Short-term Adolescent Unit project is funded through the Bureau of Buildings. The scope of the project includes construction of a 50-bed short-term adolescent unit, cafeteria building, administration building, a security building, a small maintenance building, a 10-classroom school with a gym, roadways, and limited parking. New professionals were assigned to the project and proceeded in FY 1998 with work onsite and design plans.

Preplanning for the Long-term Adolescent Unit was completed in July 1996. The scope of the project is to construct a 60-bed long-term psychiatric treatment unit for adolescents and other support buildings adjacent to the 50-bed short-term adolescent unit. Estimated cost of construction of the 60-bed unit is \$18,000,000. Funds for construction of the unit have not been appropriated.

Emergency Exits for Lewis and Champion Buildings: This project has been funded by the hospital through the Bureau of Buildings. The scope of the

project includes the replacement of sixteen manually locked door exits with electrically operated doors. Funds are available for this project; however, a professional has not been assigned to the project.

INFORMATION SYSTEMS

During the fiscal year, 27 microcomputers and accompanying software were set up at various sites. Seven new laser printers were set up at different locations throughout the hospital. A Data Switch Unit was ordered and placed at the Matty Hersee location, providing connectivity to the Information Technology Services/Department of Finance and Administration (ITS/DFA), which allowed access to the Statewide Automated Accounting System (SAAS) and the Statewide Personnel and Human Resources System (SPAHRs). A new file server was installed at the Matty Hersee location, and the software was upgraded. A networked CD-ROM tower was also installed at the Matty Hersee location, thereby allowing the Infection Control Department and the EMSH Fire Marshal to access on-line reference manuals.

Other information systems activities during FY 1998 include the following: the contract was executed to connect six additional buildings to the Local Area Network (LAN); the computer classroom at the Matty Hersee location was completed; six computers were installed and connected to LAN and ITS/DFA; the Reimbursement Department's software was upgraded to Windows/Networked version of CPA; staff members that work in the Admission and Reimbursement Departments were trained in the new ECHO (client information system) software; and, a data conversion study was completed. It was determined that historic data would not be loaded in the ECHO system but would be loaded in a stand alone FoxPro database; another fifty-users license was ordered for the local area network server at the EMSH campus, which is scheduled to be installed during the next fiscal year.

MISSISSIPPI STATE HOSPITAL (MSH)

Mississippi State Hospital (MSH), the larger of the two state-operated comprehensive 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. 125 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 incoming 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.

Medical Psychiatry Receiving Unit 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 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, made up of three units with a total of 123 beds, treats patients for alcohol and/or drug problems. There are two separate units for males and females. The service also provides a unit for male patients who are dually diagnosed with Mental Illness/Chemical Addiction (MICA Program). 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 26-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), a transitional apartment program, 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 451-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 1998.

IMPROVE CUSTOMER SERVICES

A total of 1,965 patients were admitted to Mississippi State Hospital during fiscal year 1998, an increase of 21% over admissions in the fiscal year 1997. A total of 1,945 patients were discharged from Mississippi State Hospital, an increase of 20% over the last fiscal year's discharges.

A total of 1,884 admissions were processed for the psychiatric services of the hospital during the fiscal year, with 1,862 total discharges. The average daily census in the psychiatric services was 876, which included 21 buildings.

A total of 88 forensic outpatient evaluations were completed; 50 of the evaluations were returned to the custody of the sheriff the same day, with a written report made to the circuit court; 38 patients were admitted for further observation/treatment; 29 patients were discharged during the fiscal year.

A Customer Satisfaction Survey was distributed to all the Chancery Courts in the MSH catchment area. The results of the survey were overwhelmingly positive; opportunities for improvement were identified and assigned for study. Additionally, the Spring Continuing Education Conference for Chancery Court Clerks sponsored a presentation from the Department of Mental Health on commitment and admissions to Mississippi State Hospital.

Quarterly Pre-Evaluation Reports were provided to the Department of Mental Health (DMH) and the Community Mental Health Centers (CMHCs). In response to requests from the CMHCs, the format for collecting and reporting the information was adapted to meet better the needs of those who receive the reports.

In July 1997, a Patient Expectations Handbook was completed for the Chemical Dependency Unit (CDU). Narcotics Anonymous materials were ordered for the CDU during the fiscal year. The CDU also implemented Treatment Progress Rating Scales for each discipline as a method of gauging patient progress more objectively. An addendum to the Treatment Program, "Guidelines for Staff Interventions," was developed during the fiscal year. Additionally, Quality Circles were formed in October 1997 (as subgroups to the treatment teams on this unit) for the purpose of enhancing communication among staff and between staff and patients. Significant revisions to the unit's treatment program took place throughout the first half of the fiscal year, and

the program was officially approved in January 1998. Seminars were added to the unit's programming, covering issues such as HIV/STDs prevention, relapse prevention, coping skills, and relaxation training. A unit-specific patient satisfaction questionnaire was developed and implemented in April 1998. Average length of stay targets were established as 45 days for the CDU and 60 days for the Mental Illness/Chemical Addiction (MICA) program. The MICA program was relocated, increasing the census of this unit from 30 to 40 male patients. With this relocation, the number of females in the Continued Treatment Service was decreased by five.

Quality Assurance monitoring was conducted in the patient areas of the psychiatric services in Emergency Equipment, Fall Assessment, Documentation for Restraint and Seclusion, Nursing Documentation, Medication Administration and Aims testing.

An Educational Needs Assessment was developed and completed for nursing staff of the psychiatric services.

The Female Adult Receiving Service restructured the ward meeting process so that patient feedback could be evaluated by the Clinical Management Team (CMT) regularly. Three locked wards of this service were unlocked Monday through Sunday to offer a less restrictive environment. A Patient Satisfaction Survey was implemented, with regular feedback submitted to the clinical management team for the purpose of identifying performance improvement areas. Medication groups were increased from one to three weekly; biweekly dental inservices were added, and content and format of groups/activities were revised to meet more appropriately specific patient needs. Revision of the service program was completed to include level system and behavioral guidelines.

The Male Receiving Service continued the process of increasing patient programming: a total of six new nursing groups/activities were organized, addressing patient needs and interests of fitness, nail care, and gardening; two evening residential living groups addressing hygiene needs of patients were organized and implemented; social work schedules were reorganized to include specific time frames for patient discharge planning sessions; a spirituality group (led by Pastoral Care services) was organized and initiated; an anger management group was established by the Psychology staff; a certified art therapist was assigned to the unit, with four new art therapy groups/classes initiated; dental hygiene classes were offered to all new patients admitted to the unit; and, unit-based AA meetings were begun and were led by a residential living shift employee.

A Patient Satisfaction Questionnaire for the Male Receiving Service unit was developed in August 1997 to replace the global questionnaire used campus-wide. The Male Receiving unit questionnaire subsequently served as the model for establishing unit-based satisfaction questionnaires campus-wide. Also during the fiscal year, this unit restructured its ward system, eliminating the admission ward and the special needs ward. Under the new system, each team began admitting patients directly to the individual's assigned ward. The procedure for distributing discharge information and prescriptions to patients leaving the unit was revised to increase the likelihood that patient care givers/correspondents would receive needed information.

The Community Services program implemented a customer satisfaction survey for the consumers of this program. Independent Living Skills classes were reviewed, and changes were made to make the classes more effective. A Policy and Procedures Manual was completed for this program during this fiscal year.

Outpatient Commitments were directed to the Census Management Division in an effort to centralize activities related to discharge processes.

The Medical Records Department received 2,195 requests for release of information, from sources such as lawyers, mental health centers, former patients, and Disability Determination Services. There were 764 referrals to Community Mental Health Centers for continuity of care. Patient records were reviewed by personnel of group homes from Hattiesburg, Canton, Clarksdale, Greenwood, Warren/Yazoo, Greenville and MSH Community Services to determine if appropriate placement could be made in these programs.

During the fiscal year, the Pharmacy Department filled 179,046 prescription orders. Medications were provided for 3,224 patients and residents.

Personal Computers continued to be placed throughout the hospital, supporting a total of 450 user accounts and 150 E-Mail accounts. Data Processing completed the second year of a three-year personal computer placement program, which will facilitate the following: implementation of an online patient demographic software system (ECHO), Human Resources and Payroll's ability to come online with the Statewide Personnel and Human Resources System (SPAHRs); and, Business Services' ability to utilize more efficiently the Statewide Automated Accounting System (SAAS). Data Processing completed the Patient Health System; the Valley Foods Health System; Utilization Review for tracking and trending patient care needs and tracking certification from Medicaid/Medicare/insurance; the Safety Call Back System; and, the Social Services Patient Information System. Lotus

spreadsheets were developed for tracking Outpatient Commitments and Beauty/Barber patient services.

During FY 1998, the hospital's Risk Management Department continued to investigate, follow-up on and report the following types of allegations: child abuse, patient-on-patient, and employee-patient according to the appropriate regulations, as necessary, including the Vulnerable Adults Act and Section 43-21-353 of the Mississippi Code of 1972, annotated.

Dental Services provided examinations and treatment to patients, as needed, during the fiscal year. A six-month dental hygiene recall was initiated by using computer-generated lists, thereby assuring regular patient care in this regard. A permanent inservice schedule was developed and implemented to ensure that all buildings receive biannual dental inservices.

The hospital library services were expanded with the implementation of MAGNOLIA (Mississippi Alliance for Gaining New Opportunities through Library Information Access) software which allowed access to new databases. The library completed an implementation survey and requested several databases available in CD-ROM format including Health Source Plus.

The Transitional Employment program was expanded with the addition of new job sites at the Snack Shack and the Clothing Center located on the hospital campus.

Follow-up study guidelines were developed to gather information which might determine the effect of the participation in the Transitional Living Unit program on past discharge and recidivism rates.

The Clothing Center filled 7,813 clothing requisitions to meet patient and resident clothing needs throughout the fiscal year. Clothing inspections were made in all patient/resident buildings an average of eight times throughout the year, with random clothing checks being conducted for 1,240 patients and residents.

In September 1997, the Department of Pastoral Care initiated a Clinical Pastoral Education Residency program in consortium with the G. V. (Sonny) Montgomery Veterans Affairs Medical Center and the University of Mississippi Medical Center. Residents spent approximately 13 hours a week in class and 27 hours at their assigned institutions working directly with patients and the interdisciplinary treatment teams. Rotation of residents across institutions occurred every 3 months. Other Pastoral Care activities implemented throughout the fiscal year include the following: the second annual Easter Celebration Service was held and was attended by 450

patients/residents; a gospel extravaganza program was initiated with more than 300 patients/residents attending; Protestant and Catholic worship services were performed every Sunday throughout the year; 792 worship services were performed on the patient/resident buildings; patients were visited in Whitfield Med/Surg Hospital; Treatment Team meetings were attended; 228 Fifth Step counseling sessions were conducted; 17 funerals or memorial services were performed; and, 59 spirituality lectures were presented.

An analysis was conducted in the Psychology Department of a 6-month project which evaluated the effects of increasing the number of Behavioral Technicians on a particular unit. Positive effects included: decreased seclusion/restraint use, decreased risk management investigations, increased programming, and increased patient adaptive functioning as evidenced by psychological evaluation results.

Environmental Services implemented a comprehensive Continuous Quality Improvement Plan. Surveys were completed to determine the effectiveness of housekeeping, laundry and linen services. Consequently, a plan of improvement was initiated which included daily inventories, cost analysis and other projects to improve customer satisfaction. Following plan implementation, over three months passed with no complaints registered about the quality of supplies in the patient buildings. Additionally, monthly meetings were held with the patient service areas of the hospital to identify and discuss critical issues regarding the linen services provided.

New employee basic orientation of sixteen hours was provided to 918 employees throughout the fiscal year. New employees assigned to work in patient-related areas were provided 32 hours of general orientation regarding organizational services, policies and procedures, with 765 employees receiving certification in Cardio-Pulmonary Resuscitation (CPR) and 857 receiving certification in Techniques for the Management of Aggressive Behavior (TMAB). Nurse Orientation of 80 hours was provided to 126 newly employed registered and licensed practical nurses. A campus-wide needs assessment was completed, the results of which were utilized in the design of inservices and training that were provided throughout the year. Core values were implemented in new employee orientation, Continuous Quality Improvement training was integrated in orientation classes; and, Continuous Quality Improvement inservices were provided to all employees.

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

The Residential Living Directors and Nursing Services relocated to another building to allow both departments to be in close proximity to one another.

The Division of Census Management was created in August 1997. This division operates a customer-driven system that integrates the hospital's admission processes with the treatment and discharge processes for the purposes of increasing facility utilization and customer satisfaction. Twelve new policies were written which outline transfer policy, continued stay criteria and numerous admission policies. New admissions office furniture was installed, which facilitates better communication between the admissions coordinator and patients being admitted to the hospital.

The Director of the Division of Census Management met with the facility directors of three DMH facilities that were either under construction or in the planning stage during FY 1998 (North MS State Hospital, South MS State Hospital, and Central MS Residential Center) to outline transfer agreements between the new facilities and Mississippi State Hospital.

Oak Circle Center (Child and Adolescent Unit) was originally set up with two 12-bed units for adolescent males and two 12-bed units for adolescent females. Bed distribution on the unit was reconfigured because of the male waiting list and vacant female beds, resulting in a significant decrease in the waiting list for males.

ECHO software training was provided to the Reimbursement and Admission Departments, along with data input and system maintenance in preparation for conversion to ECHO during the first quarter of fiscal year 1999; training for configured reporting will be provided during that time period. Mapping of existing demographic data from Information Technology Services (ITS) to ECHO was completed. The four master data files were downloaded, and data was cross-walked to accommodate the Department of Mental Health data standards. Uploading existing demographic data into ECHO is scheduled for July 1998, followed by report creation and software cut over. The Data Processing Department (DP) also developed training which involves DP staff visiting various hospital departments to assist users in determining different ways to automate their work. This training is provided in conjunction with group and individual training classes that are provided. Data Processing has completed the necessary hardware and software requirements and brought the Human Resource Division portion of the Statewide Personnel and Human Resources System (SPAHRs) online. The payroll portion is scheduled to come online during fiscal year 1999. Plans are being made to automate the downloading of time keeping electronically. The Data Processing Department supported staff from North MS State Hospital, South MS State Hospital, and Central MS Residential Center with data processing and telecommunication

needs: provided online connectivity and printing abilities for all three facilities; provided expertise input into various areas of information systems planning when requested; and, assisted with long range plans and personnel placement.

Coordination among various departments of the hospital continued in order to access available third party reimbursement, and information in this regard was obtained through the new Census Management division. Also, Business Services and Clinical Services created a Quality Action Team (QAT) to identify new strategies for ensuring that available reimbursement is maximized.

Property accountability by all departments of the hospital was improved by the efforts of the Property Department. During FY 1997, the Property Department began the implementation of the Atrack property inventory system; this system was utilized during FY 1998, which resulted in property inventory improvements. Additionally, the Property Department undertook an ongoing effort of internal auditing and education, which yielded positive results.

Internal audits of the warehouse were conducted, which improved the inventory supply accountability. Accounting procedures were likewise improved as a result of these audits.

Risk Management of the hospital reviewed, followed-up, and made recommendations of security reports, safety investigations, tort claims, accident reports, workers' compensation claims, and miscellaneous investigations.

Under the hospital's reorganization, which occurred in May 1998, Jaquith Nursing Home and Whitfield Medical Surgical Hospital were combined to create the medical Support Services Division (under the direction of the Jaquith Nursing Home Director).

Environmental Services revised the comprehensive cleaning programs for all buildings and maintained measures to ensure better that each patient had an adequate supply of fresh linen.

Community Services implemented Preventive Maintenance programs. Community Services also reviewed grants to develop a more efficient use of resources. New furniture was purchased for Community Services Programs to make residential facilities more therapeutic. The Community Services' Homeless Program and Case Management Program were moved to a new location (Capers Ave./Jackson, MS).

Pharmacy Services conducted 5,970 Drug Regimen reviews for the licensed units of the hospital. The pharmacy generated over \$600,000 for supplying the medication needs of these units. This service spent \$1,513,129.26 for the atypical antipsychotics. At the end of the fiscal year, 496 patients or 38.4% of all patients, were taking one of these medications. With the addition of traditional antipsychotics, a total of 714 patients or 56% of the patient population, were receiving these medications at a total cost of \$2,035,942.29 during the fiscal year.

The MICA program was placed under the umbrella of the Chemical Dependency Unit (CDU) in January 1998.

The Male Receiving Unit began using the "Patient/Family Education Record" to keep more efficient records of education efforts. Video cassette players were received for all wards on the unit to increase the potential for added programming on the wards.

**ACHIEVE/
MAINTAIN
ACCREDITATION
BY JCAHO**

Oak Circle Center (Child and Adolescent Unit) and Whitfield Medical Surgical Hospital were resurveyed in June 1998 to retain Joint Commission on Accreditation for Healthcare Organizations (JCAHO) accreditation. The Health Information Management Committee, an interdisciplinary team, continued to perform closed clinical record reviews. This team met on four occasions throughout the fiscal year to review charts for JCAHO compliance.

The Medical Records Department conducted a monthly random sample of 25% of ward charts for deficiencies, and deficiencies have been reduced significantly with this system. Deficiency reports are sent to departments, including Performance Improvement, for review and corrective planning.

Standards of care from the Health Care Finance Administration (HCFA) were reviewed on the Male Receiving unit in preparation for a Medicaid survey, which included monitoring medical records for documentation compliance.

Lakeside School continued to maintain its approval as a nonpublic school by the Mississippi Department of Education. Lakeside School was approved for the School Lunch Program.

Nursing competency files were maintained in compliance with JCAHO standards; emergency procedures and availability of equipment were addressed to meet JCAHO standards; a unit-specific nursing assignment sheet was implemented to ensure appropriate staff based on competency and patient acuity; and, a nursing assessment and a nutritional screening were developed and implemented for JCAHO compliance.

**LICENSURE
CERTIFICATION**

Jaquith Nursing Home's total bed capacity was decreased from 457 to 451 in order to maintain required living and leisure square footage in two of the buildings as a result of pantry renovations. The installation of a ceiling-suspended privacy curtain was completed in all buildings in accordance with the State Department of Health's licensure and certification regulations. The annual licensure and certification survey was successful with no sanctions issued.

The Risk Management Department complied with licensure and accreditation standards of various regulatory agencies by conducting 43 Safety Inspections. Training was provided to the Data Processing and Telecommunication Services in the areas of GroupWise, TCP/IP, Lucent System Administration and Lucent Customer Maintenance Participation. Lucent training gave the hospital a 20% reduction in the annual onsite maintenance charges. This training was an effort to provide the hospital with onsite E-mail, Internet server, Intranet services, and external dial in access along with general enhancements to the information systems.

**IMPLEMENT
CAPITAL
IMPROVEMENT
PLAN**

Significant strides were made in the implementation of the Capital Improvements Plan through the following activities which occurred during the fiscal year: completion of the hospital's new 29,025 square foot food service facility, the completion of Phase 1 of the Pantry Renovations in ten nursing home buildings, the installation of major equipment items in the Laundry Facility, and the replacement of roofs and stonework repairs on four buildings.

Repair and renovation projects accomplished and administered by Physical Plant Services during the fiscal year included: replacing the cooling tower for the Medical Surgical Hospital; replacing chillers on two patient/resident buildings; replacing boiler stacks on four patient/resident buildings; replacing light fixtures and other electrical repairs throughout patient buildings; and, installing a new elevator on one building. A 20-kilowatt generator was installed at the Police/Security building to ensure maximum safety of patients and residents.

Landscape Services completed the requirements of the tree grant underwritten by the Mississippi Forestry Commission. This effort included completing a campus-wide Master Plan for the maintenance and replacement of the 2,200 aging oak trees and planting 100 replacement oaks.

**ENHANCE
PUBLIC
IMAGE OF MSH**

The following are highlights of activities conducted during the fiscal year to enhance the public image of MSH:

The Risk Management Department coordinated visits with various agencies in conducting investigations initiated by MSH: 10 visits from Mississippi

Protection and Advocacy System, Inc., 9 visits from the State Department of Health, 6 visits from the Department of Human Services, 20 visits from the State Attorney General's Office and 3 visits from other sources.

The Jaquith Nursing Home Director was selected as the 1998 Social Work of the Year for Mississippi by the Mississippi Chapter of the National Association of Social Workers.

In recognition of National Nursing Home Week in May 1998, Jaquith Nursing Home (JNH) hosted an open house ceremony to honor residents, family members and staff. The open house was followed by tours of the facility. A new brochure was developed, designed and printed (in-house) which outlines the services of the Jaquith Nursing Home. JNH provided support and participation on the Aging Forum Committee sponsored by the Rankin County Chamber of Commerce and provided a booth and informational display at the Aging Forum in June 1998.

Nursing Services, in conjunction with Community Services, provided a first aide and informational booth at the Jubilee Jam Festival held in Jackson, MS, in May 1998.

The Community Services Homeless Program sponsored a public art, poetry, and photography exhibit in December 1997.

The Psychology Department provided nineteen psychologists as volunteers to help counsel students at Pearl High School in Pearl, MS, following a shooting on the high school campus in October 1997.

The hospital's Employee Recognition program was expanded to include three Employees of the Month, representing Direct Care, Licensed Clinical and Support Services; the Employee of the Year program was held in January instead of December to allow for greater attention and recognition.

The Mississippi Recreation Parks Association (MRPA) State Conference was sponsored by MSH in April 1997. Approximately 200 people from Mississippi, Alabama, and Louisiana participated.

The Garden Clubs of Mississippi raised money to install a heating and cooling system in the greenhouse of the Horticulture Program for the patients and residents.

Through an Eagle Scout project, the Environmental Learning Center was expanded. A swinging bridge was added to lengthen the nature trail at the Shadow Oak Campground.

The hospital provided community support by promoting the following activities throughout the fiscal year: Mental Health Awareness Month in May 1998; Mental Illness Awareness Week in October 1997; a National Alliance for the Mentally Ill (NAMI)-MS Candlelight Vigil and Mental Health program in October 1997; the Mental Health Association Jimmy Stubbs Golf Classic in August 1997; the Mental Health Association Annual Meeting; MS Blood Services-sponsored blood drives in July 1997, October 1997 and January 1998; participation in the United Way Pacesetter Campaign in August 1997, participation with membership on the Alzheimers Association Middle MS Chapter Education Committee; sponsorship of a March of Dimes walk-a-thon; and, participation in a "Blue jeans for Babies" Muscular Dystrophy campaign.

The hospital sponsored and promoted Christmas 1997, MSH Day 1998, Serendipity (patient art exhibit) 1998, and the annual Independence Day Celebration as public events.

The Leadership Rankin Chamber of Commerce program toured the hospital in January 1998.

The Garden Clubs of MS Statewide Convention was held at the Shadow Oak Campground in April 1998; approximately 200 people from across the state were in attendance.

Friends of MSH provided support throughout the year by: expanding the Nurse Recruitment Program to include Employee Retention; distributing gifts to all employees on two separate occasions; providing a free lunch to all employees in May 1998 in celebration of National Hospital Week; sponsoring receptions for the nurses during the National Nurse Appreciation Week; sponsoring a luncheon on Physicians Day for the hospital's doctors; sponsoring employee recognition for service award recipients, employees of the month, employee of the year, employees "caught" doing good jobs, employees with perfect attendance, night shift employees, and Certified Nursing Assistants; sponsoring the fireworks display during the Independence Day Celebration in July 1997; sponsoring a watermelon festival; sponsoring a fishing rodeo for the patients; sponsoring a reception for the Work Opportunity Program; and, sponsoring the Annual Legislative Appreciation Breakfast.

The Division of Public Relations and Marketing Services, formerly the Communications Division, was reorganized with Nurse Recruitment, and the Educational Leave Program was moved under the Human Resources Division. The following are highlights of activities implemented and coordinated by the Public Relations and Marketing Division during the fiscal year:

- 16 speakers were documented through the MSH Speakers Bureau, providing presentations in the community including three informational displays and two slide presentations;
- 32 brochures, programs, flyers and other informational materials were designed, printed, and distributed;
- 47 external meetings/workshops and 276 meetings/workshops were scheduled for the conference center;
- 62 tours with 667 participants were coordinated/provided for community awareness/educational programs;
- Informational displays/booths for MSH were sponsored at 7 community organizations/events;
- 868 informational packets were provided for tours, speakers, and visitors;
- 239 photography assignments were completed for MSH;
- 7 photo/display/slide/video projects were completed;
- 13 specialty writing projects such as brochures and facts sheets were produced;
- 137 press releases were written;
- 35 Informational Services to the public were provided;
- 34 media relations activities or sharing of information with outside media were completed;
- 48 Take Notes (employee newsletters) were distributed, 4 Mental Outlooks (statewide newsletter with distribution of 4,000) were mailed; 12 Official Notices, Messages and Personals, and 48 Messages on the hospital's Message Board were posted;
- 3,838 volunteers were recorded; 6,438 volunteer visits/visitors were recorded; the estimated number of hours donated was 25,752;
- The total value of volunteer time estimated on an hourly basis totaled \$340,956.00;
- A total value of \$229,701.56 was estimated in non-monetary donations and contributions made to the hospital by community supporters; and,
- A total of \$25,281.52 in donations was made to the Volunteer Services Fund for patient programs and activities.

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

Eighty hours of Direct Care and 112 hours of Nurse Assistant training were provided for all new employees hired in these areas.

Inservices and seminars focusing on personal and professional growth were provided for all employees through the Staff Development Department.

One hundred sixty-five Behavioral Technician applicants were screened and interviewed; 19 new Behavioral Technicians were hired, bringing the total to 60 assigned to 11 buildings. The Psychology Department sponsored and

provided seminars and inservices which addressed, among others, the following topics: Behavioral Interventions with the Elderly; The Truth about Schizophrenia; Ethics; Case Conference; Emotion, Stress and Health; Emotional Intelligence Quotient; Addiction; Forensics Case Study; Bipolar Disorder; Group Therapy; Stress Reduction; Dual Diagnosis; and, Use of Computers in Clinical Setting.

Professional conferences, seminars and training were supported off-campus for 571 employees throughout the fiscal year.

An employee of the Police/Security Department graduated from the MS Law Enforcement Officer Training Academy in November 1997. Twenty-eight police officers completed Basic Telecommunicator Training.

A Competency Checklist was developed to evaluate the skills of Environmental Services employees.

Three nurse practitioners were added to the clinical staff. A doctoral-level psychologist and one masters-level counselor were added to the psychology staff. A full-time physician and part-time psychiatrist were added to the medical staff. A Continuous Quality Improvement coordinator position was created and filled. Two Occupational Therapists and Physical Therapists were added to Rehabilitation Services.

Nurse Recruitment attended over 19 Career Days/Job Fairs during the fiscal year, which involved making 4,485 contacts with the public. Information was provided to 577 prospects regarding nursing positions. Information was provided to 370 individuals regarding the Educational Leave and Educational Enhancement Programs. Mississippi State Hospital has retained 75% of the Educational Leave graduates who completed their four-year contracts.

Medical Records Clerks received a title change to Health Records Clerks. Five new Health Records Clerks were hired, and 11 new positions were authorized for Jaquith Nursing Home which will be filled in the upcoming year (fiscal year 1999).

**EXPAND
TRAINING
AFFILIATIONS**

The Hinds Community College Dental Assisting Program continues to send students for rotations in the fall and spring of the year to the Dental Services area of the hospital. Additionally, Hinds Community College and the University of MS Medical Center sent student observers to the Restorative Therapy Department.

Four residents (all from American Psychological Association (APA)-approved doctoral programs from out-of-state) were chosen as the first students to begin the MSH Psychology Pre-Doctoral internship program.

Twenty-one students in Psychology from the University of Southern MS, Millsaps, Tougaloo College, University of MS, MS State University and Jackson State University gained experience in the hospital's Psychology Department.

Environmental Services, in conjunction with the Department of Human Services, Mississippi State Department of Education, and Hinds Community College, established a training program to educate welfare recipients on basic skills for housekeeping and laundry jobs. Program participants were trained by hospital personnel for employment placement. Approximately 30 former welfare recipients completed the program. Eight of these participants were subsequently employed by the hospital.

Through Staff Development, psychiatric, geriatric, and med/surgical clinical rotations were coordinated and provided for 55 affiliating Schools of Nursing for 3,000 nursing students. Four medical students from the West Virginia School of Osteopathic Medicine stayed at the hospital for 30 days.

Every six weeks, tours for third-year University of MS 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 the University of MS Medical Center as part of its curriculum of study. Additionally, a resident from the Department of Psychiatry participated in MSH's Resident Stipend Program in FY 1998.

ACCOMPLISHMENTS THROUGH THE BUREAU OF MENTAL RETARDATION IN FY 1998

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 (which include the community-based satellite programs operated by these centers in counties throughout the regions they serve):

The **Division of Community Mental Retardation Services** is responsible for the development of community mental retardation programs established with state, SSBG or Home and Community-Based Services-MR/DD Waiver funds; for working with the comprehensive regional centers (which include the community-based satellite programs operated by these centers in counties throughout the regions they serve), 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 certification standards, certification/site visits, and compliance requirements for community programs as well as working with the comprehensive regional centers for individuals with mental retardation (which include the community-based satellite programs operated by each of the centers in counties throughout the regions they serve), the comprehensive mental health/mental retardation centers, and other providers to ensure quality of care and compliance with certification standards.

The **Comprehensive Regional Mental Retardation Centers** provide residential services through licensed intermediate care facilities for the mentally retarded (ICF/MR). These centers 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. These programs are mainly designed for persons with severe to profound mental retardation and secondary medical or behavioral disorders.

The comprehensive regional mental retardation centers are also a primary vehicle for delivering community services to the various counties throughout Mississippi. 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 for 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 (which include the community-based satellite programs operated by each of the centers in counties throughout the regions they serve), the fifteen 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 both institutional care and community services programs through an array of residential and day treatment programs. 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 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 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**

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. The provision of respite services is a major component of family support.

**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 four ICF/MR licensed group homes that offer retirement opportunities. North Mississippi Regional Center has two homes 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 (ICF/MRs). Persons living at the ICF/MRs 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.

RESPIRE 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 for HCBS-MR/DD Waiver respite services, which 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 regional 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/or 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 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 daily living, mobility, communication, learning, 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**

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. The provision of respite services is a major component of family 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 care centers.

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 (ICF/MRs). Persons living at the centers 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/or the 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 for HCBS-MR/DD Waiver ICF/MR respite services, which 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/or, 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 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 1998 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 five or more hours per day on a regularly scheduled basis, for one 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 five or more hours per day on a regularly scheduled basis, for one 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 1998
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

March 1998 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 Regional Center (BRC): Articles were placed in local newspapers in Brookhaven and Natchez to make the communities aware of MR/DD Month. BRC staff, as well as family members, participated in "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 (ESS): Ellisville State School had a display and brochures at the "Day at the Capitol." Other FY 1998 MR/DD Awareness Month activities include the following: Employee of the Year Program; a ground-breaking ceremony for the Laurel Early Intervention Program; Open House held at Elmwood Supervised Apartments; ESS's Early Intervention Program presented the Department of Mental Health's Early Intervention Program display at two health fairs.

Hudspeth Regional Center (HRC): The Early Intervention Program display board that depicts the Early Intervention service locations of the regional centers was displayed at the "Day at the Capitol." Public Service Announcements describing the Early Intervention Program services were made in the Meridian area. Other activities for the month include the following: the Meridian Early Intervention Program held an Open House; Meridian Early Intervention Program staff were interviewed on television,

and a newspaper article describing the Meridian Early Intervention Program's services was published in the Meridian Star; an Early Intervention Program Child Find Letter was sent to all local hospitals; a parent meeting regarding "transitioning" was held at each Early Intervention Program location; and, articles on transitioning were mailed to all parents of children in the Early Intervention Program; newspaper articles featuring Tri-County Industries were published in the Kemper County Messenger, the Macon Beacon, the Winston County Journal and the Meridian Star. A brochure outlining services available to individuals with developmental disabilities was mailed to families in Kemper County and was made available to persons attending Tri-County's Open House during March (which was attended by 85 individuals). Tri-County Industries and its clients were featured on local television stations on two different occasions; the Meridian Group Homes, MIDD Meridian and Meridian Supported Employment were also featured in four articles in the Meridian Star; Case Management and Home and Community-Based Services-MR/DD (HCBS-MR/DD) Waiver Programs were also featured in newspaper articles and on local television/radio stations; in Rankin County, Supported Employment staff met with school officials and local business groups to discuss the advantages of hiring people with disabilities; the Hudspeth Regional Center Assistive Technology Unit had a display at "Day at the Capitol" which included information about augmentative communication devices, environmental control items and assistive devices. The Community Living Services/Case Management Department was also represented at the "Day at the Capitol."

North MS Regional Center (NMRC): NMRC's observation of MR/DD Awareness Month focused primarily on community awareness and was highlighted by open houses at many of the Center's community-based programs. Events were held in Oxford, Fulton, Holly Springs, Tupelo, Hernando, and Bruce. Announcements were placed in local media, and invitations to community events were mailed to city/county leaders to increase participation. A newspaper article regarding NMRC programs and services was also distributed. Additionally, NMRC had a display table at "Day at the Capitol."

South MS Regional Center (SMRC): SMRC published a special MR/DD awareness month edition newsletter in conjunction with the First Steps Early Intervention Systems (approximately 450 families and service providers received copies of this newsletter); mailed letters to approximately 320 area churches requesting that the churches include an announcement concerning MR/DD Awareness Month and the availability of early intervention services in an upcoming bulletin; published a newspaper article in the Picayune Press highlighting Project PRINTS of

Pearl River County; presented a seminar to a day care center sponsored by a Gulfport hospital, which highlighted the availability of early intervention services to day care providers; hosted four tours and observation visits to acquaint students with early intervention services; had a display at the "Voices of Hope Festival" held in March 1998 in Bay St. Louis, MS; had a display at "Day at the Capitol;" staff from the Communication and Education Departments conducted an awareness activity and provided information to employees at a local McDonald's; staff from SMRC obtained communication displays from the American Speech, Language and Hearing Association (ASLHA) and inserviced McDonald employees on appropriate uses of this display with individuals with communication challenges; clients participated in the Developmental Disabilities Awareness Fair at Edgewater Mall. The Cheshire Properties Director also staffed a booth for Community Relations at the Developmental Disabilities Awareness Fair.

Other community service providers: Community service providers certified by the Department of Mental Health offered a wide range of activities during the month of March. The following providers offered the community a view of their programs by providing open houses: Columbus/Lowndes Supervised Apartments, ACT Center, Willowood Developmental Center and Region V Delta Community Mental Health/Mental Retardation Services. Additional activities included a luncheon for community leaders and elected officials provided by MS Christian Family Services as well as the ACT Center's annual Prom and Fun Day. Also, the ACT Center sponsored a new activity, a walk-a-thon. The service providers had local media coverage, with newspaper articles and appearances on local radio and television programs. A highlight of MR/DD Awareness Month was the "Day at the Capitol," as referred to previously. In addition to the regional centers, the following programs provided displays and information concerning their programs at "Day at the Capitol": Willowood Developmental Center, Yazoo Multiflex, and Beacon Group Homes.

The five regional centers for persons with mental retardation engaged in additional public awareness/education activities in FY 1998, 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 (12 issues/year); publication of an external newsletter (4 issues/year); distribution of brochures/other printed material about services (over 3,000 brochures about the Early Intervention Program and over 2,000 brochures about the Home and Community-Based Services-MR/DD (HCBS-MR/DD) Waiver Program);

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; staff presentations at schools regarding the HCBS-MR/DD Waiver Program.

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 (3 issues/year of Ellisville State School's main newsletter, Lamplighter, and 4 issues/year of the Early Intervention Program newsletter); 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; invited community leaders and other dignitaries to ground-breaking and open house ceremonies held in FY 1998; staff participated in a Leadership Jones County Program project which was beneficial to ESS; newspaper and television coverage were given to many ESS events, and public service announcements for the Early Intervention Program were made.

Hudspeth Regional Center provided and/or participated in the following public awareness activities during the year: internal (for employees) newsletter (12 issues/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; the Director of Tri-County Industries served on the Kemper County Special Populations Committee; tours of the Center were made available to civic groups, special education students and other interested members of the community; Tri-County Industries participated in Kemper County Lake Day and Chip Pickering Conference/Trade Show; Community Services continued to maintain a brochure explaining all services under the Division of Community Services, including the satellite programs. Staff from Employment Services made speeches to local businesses, two civic groups and one men's business group; Person-Centered Planning was introduced to several school districts including Madison, Lauderdale, Rankin and Hinds; approximately 35 Person-Centered Plans were developed with clients; parents visited several of the client work sites; several students offered to become job trainers to allow individuals with disabilities to work in competitive employment; the Center assisted Hinds Community College students in research about mental retardation and related services; college students utilized brochures

and literature from the Hudspeth Regional Center library, and training was provided to Home and Community-Based Services-MR/DD (HCBS-MR/DD) Waiver Program service providers.

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; staff presentations at professional meetings; special presentations/meetings for family members of clients; training of students from universities or community colleges; conducted 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: 2 internal (employees only) newsletters (16 issues/year); external newsletter (4 issues/year); distribution of brochures/other printed material about services; staff presentations at civic/other community groups/organizations' meetings/events; staff presentations at professional meetings; special presentations/meetings for family members of clients; training of students from universities or community colleges; presentation at the Mississippi Early Childhood Conference; presentations for the Southeast American Association on Mental Retardation; presentation for the National Division of Early Childhood; training activities were held (at least one per quarter) throughout the fiscal year at various project PRINTS locations; 8 newspaper articles on Project PRINTS early intervention services were published; and, SMRC also made presentations to the following groups during the fiscal year: Coast Chamber of Commerce/Long Beach, MS (November 1997), Knights of Columbus/Gulfport, MS (November 1997), Knights of Columbus/Biloxi, MS (February 1998), New Hope Baptist Church/Gulfport, MS (May 1998) and the Poplarville Rotary/Poplarville, MS (June 1998).

Also during FY 1998, SMRC provided 5 student practicums and conducted 134 student tours/observations (refer to "Training" subsection of the "Bureau of Mental Retardation" section of the Annual Report for additional information in this regard).

Other FY 1998 SMRC awareness activities include the following: 53 volunteers were awarded certificates of appreciation during National Volunteer Week (April 19-25, 1998); 46 SMRC employees contributed over \$2,000 dollars to the United Way Campaign during the fiscal year; 1,014

hours of volunteer service were donated to the Long Beach campus, an increase of 6.5% over Fiscal Year 1997; 58 hours of public relations time were spent with students for tours/observations of the Long Beach campus; training/consulting was done through the MATCH project, which serves as an evaluation, training, and educational resource for children with autism and other related disabilities; SMRC clients handed out brochures at Stennis International.

The following is an overview of activities conducted or information disseminated (and/or referrals made) by the regional facilities during FY 1998 in the areas of the Americans with Disabilities Act (ADA), client rights and assistive technology:

Boswell Regional Center: Upon Center admission, BRC provided each new client a copy of his/her rights as a resident of the facility. BRC also conducted small group training sessions to further help clients understand their rights. Additionally, BRC provided its annual staff inservice training session regarding client rights. Further, the Home and Community-Based Services-MR/DD (HCBS-MR/DD) Waiver Program provided information to families regarding the Americans with Disabilities Act (ADA) and the Individuals with Disabilities Education Act (IDEA). The HCBS-MR/DD Waiver Program also worked with local physicians to assist families in acquiring assistive equipment (typically through the Early Periodic Screening, Diagnosis and Treatment (EPSDT) program). Additionally, Mississippi Protection and Advocacy System, Inc., visits BRC clients quarterly to discuss their rights with them.

Ellisville State School: During FY 1998, several buildings and/or restrooms were renovated to comply with the Americans with Disabilities Act (ADA) standards; campus inservices were held to provide information to staff on the ADA; client rights are reviewed at the client's yearly, individual staffings, and this activity was ongoing in FY 1998; Mississippi Protection and Advocacy System, Inc., continued to discuss rights with clients on a quarterly basis; a campus inservice on client rights was presented for the staff; Social Work Directors met with a Department of Mental Health attorney and received information regarding guardianship, which was subsequently provided to campus social workers; the Assistive Technology Department presented information regarding its services to staff and to parent groups.

Hudspeth Regional Center: The Americans with Disabilities Act (ADA) is covered as a topic in New Employee Orientation and presented annually for Community Services staff and other agencies as requested. Information regarding client rights is also presented to all new employees

and is reviewed annually or as needed. Tri-County Industries clients were provided with information on the ADA and client rights. Eight Meridian clients were referred for assistive technology. The Education Department operated an Assistive Technology Unit, which evaluated children and adults. Information was disseminated to parents, school officials, care givers and other service providers. Additionally, Mississippi Protection and Advocacy System, Inc., continued to meet with HRC clients on a quarterly basis to discuss their rights with them.

North MS Regional Center: Information about the Americans with Disabilities Act (ADA), client rights, and assistive technology services was provided during facility tours, staff speaking engagements, and through published brochures/informational sheets. An annual, mandatory inservice regarding client rights was conducted for all staff. 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. At the time of admission, clients and their families are provided with NMRC's client rights information, which includes a written guide to client rights, a picture guide to client rights, house rules, and client responsibilities. Additionally, Mississippi Protection and Advocacy System, Inc., visits NMRC clients quarterly to discuss their rights with them.

In FY 1998, NMRC's Technology Assistive Device (TAD) Center provided evaluations to 106 individuals in the areas of augmentative communication, general assistive technology, computer access and computer-assisted instruction and positioning and mobility. Approximately 348 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 873 clients, families, students and professionals and provided approximately 488 telephone consultations.

South MS Regional Center: Brochures and Information Guides (informational pamphlets about assistive technology) and Technology Training Manuals were distributed as follows: brochures (approximately 500); information guides (approximately 250); training manuals (approximately 150); consultations were provided to school districts, early intervention professionals and families; an Internet website was maintained for dissemination of assistive technology information; information on client rights was distributed to all applicants for early intervention services; and, Cheshire Homes conducted an inservice with

all 24 clients regarding client rights. Additionally, Mississippi Protection and Advocacy System, Inc., visits SMRC clients quarterly to discuss their rights with them.

During FY 1998, each regional center promoted community awareness about its Home and Community-Based Services-MR/DD (HCBS-MR/DD) Waiver Program:

Boswell Regional Center: The Center's HCBS-MR/DD Waiver Program staff made educational/awareness presentations regarding the program to the following organizations/groups during FY 1998: the Claiborne County Health Department, school systems in the catchment area, and a parents group in Warren County. For the purpose of providing information to potential service providers, a presentation regarding the Center's HCBS-MR/DD Waiver Program was also made to the Ambulatory Equipment Service.

Ellisville State School: ESS staff made agency visits regarding the HCBS-MR/DD Waiver Program; disseminated brochures (brochures were sent to physicians' offices, schools, health departments and mental health centers) and presented materials regarding the HCBS-MR/DD Waiver Program at parent training meetings.

Hudspeth Regional Center: HRC's Home and Community-Based Services Support Coordinators promoted community awareness by speaking to parents' organizations, school personnel, and nurses. In addition, letters providing specific program information and general program brochures were mailed to all schools and children's medical clinics in the 23-county catchment area. Certain home health agencies and individual service providers were also made aware of the services available through the program.

North MS Regional Center: During FY 1998, specific information was provided to 54 individuals inquiring about the HCBS-MR/DD Waiver Program. In addition, four Health Department Early Intervention Service Coordinators and three 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 three home health agencies: Gilbert's, Alexander's, and North MS Medical Center Home Health during the 1998 fiscal year. These representatives were urged to contact the DMH Bureau of Mental Retardation for specific provider requirements, and the name/telephone number of the HCBS-MR/DD Waiver Coordinator was provided.

A new brochure was developed for public distribution which contains service information, eligibility requirements, and enrollment procedures. This brochure was completed and made available to the public in fiscal year 1998. Informational brochures and service and availability information about the HCBS-MR/DD Waiver was again provided to the Respite Coordinator of the Lafayette County Association for the Rights of Citizens with Disabilities (LCARC) Respite Program, another DMH-funded program, for dissemination to parents participating in that specific service.

In fiscal year 1998, the Home and Community-Based Services Department added one additional Service Coordinator position.

South MS Regional Center: SMRC Waiver Service Coordinators spent more than 90 hours during FY 1998 conducting training and awareness activities for members of the local community, including attendance at health awareness fairs, seminars to local nursing management agencies, parent support groups and local clubs and public service groups; open houses were also held at the community-based homes.

Also in FY 1998, numerous overviews/presentations were made by DMH Bureau of Mental Retardation staff to other agencies, home health agencies, nurse staffing agencies and private providers across the state concerning the HCBS-MR/DD Waiver Program. Parent meetings were also held around the state prior to submission of the HCBS-MR/DD Waiver renewal.

In (federal) FY 1998, the Mississippi Developmental Disabilities Council (DDC) provided funds for 26 service initiatives throughout the state. (The nature of DDC initiatives is to promote public awareness through service demonstration models, product development, partnership ventures, and service or program redesign. The expected outcome is for people with developmental disabilities to lead more productive lives within the community through self determination on their part and/or through support from families and others.) Examples of DDC-funded initiatives accomplishing this mission include: Positive Outcomes newsletter (DDC newsletter) disseminated to approximately 12,000 individuals during the fiscal year (the newsletter provides information about positive happenings in the lives of individuals with disabilities and their families throughout the state); 650 individuals who are deaf/hearing impaired received support services through de l'Epee Center for the Deaf to be included in community life in six South Mississippi counties, and over 800 community service individuals received awareness training to support the needs of people who are deaf/hearing impaired; 525 people were trained in systems advocacy about person-and family-directed services and supports through the Association for the Rights of Citizens with

Developmental Disabilities (ARC) and over 300 members of the general public were provided information about family support services through an initiative with the Mallory Community Health Center in Lexington, MS; over 500 people received information and training about Person-Centered Planning through DDC initiatives, and over 200 people in the business/employment sector received information about the advantages of hiring people with significant disabilities through an initiative with the Kemper County Economic Development Authority.

In (federal) FY 1998, the Developmental Disabilities Council (DDC) also funded two initiatives that supported the concept of prevention. The Mallory Community Health Center in Lexington, MS, provided family support to 85 families seeking services for preschool children. The MS Brain Injury Association distributed 1,350 head injury prevention packets to school children throughout the state.

**INTERAGENCY
COLLABORATION**

The Early Intervention/Child Development Programs operated through the Bureau of Mental Retardation (BMR) continued active collaboration with the Infant/Toddler, "First Steps" program coordinated by the MS Department of Health. Meetings of the State Interagency Coordinating Council (ICC) were attended by Bureau of Mental Retardation (BMR) staff, and presentations were made to First Steps programs. The DMH/BMR received a grant September 1, 1995, for a staff liaison position with First Steps (Department of Health); and in FY 1998, 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 C policies and procedures, providing technical assistance to Department of Mental Health personnel regarding the First Steps Early Intervention System; (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 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.

During FY 1998, the regional centers' Early Intervention/Child Development staff were involved in the following activities of the Department of Health's First Steps Early Intervention System and the State Interagency Coordinating Council:

Boswell Regional Center: During FY 1998, the First Steps Early Intervention System and the Interagency Coordinating Council had one meeting (March 1998).

Ellisville State School: Early Intervention Program staff and First Steps staff worked in concert to coordinate comprehensive evaluations of referrals. Early Intervention Program staff attended training provided by First Steps. First Steps provided reimbursement for travel to provide outreach services for Early Intervention Program clients. Early Intervention Program staff and families continued to utilize resource materials by the First Steps Resource Libraries at two Early Intervention Program locations. Additionally, Early Intervention Program staff and First Steps staff coordinated participation in several health fairs during FY 1998.

Hudspeth Regional Center: HRC's Early Intervention Program staff participated in local Interagency Coordinating Council meetings. The Early Intervention Program staff attended health fairs in the HRC catchment area. HRC Early Intervention Program staff also met regularly with First Steps staff to coordinate services for families and to participate in the Individual Family Service Plans (IFSPs).

North MS Regional Center: The Project RUN staff worked closely with the Mississippi Department of Health's First Steps Early Intervention Program throughout FY 1998. Eighty-nine of the 98 children who were enrolled in the program were referred by the First Steps Program.

In FY 1998, Project RUN received a contract with the First Steps Program to implement early intervention in Clarksdale, MS. The contract included funding for two full-time staff, additional contractual staff, travel reimbursement for staff training and the provision of home-based and outreach services. Space for offices/therapy was provided within the Coahoma County Health Department. Outreach services were provided in the health department facilities in Quitman, Tunica and Tallahatchie counties.

During FY 1998, the Oxford, Grenada and Hernando programs continued to serve as sites for the First Steps Resource Library, sponsored by the Mississippi Department of Health. New resource materials were acquired, and Project RUN in Oxford and Grenada continued to serve as sites for First Steps Toy Lending Libraries.

The Project RUN staff participated in public awareness activities with the First Steps staff and served on the planning committee to establish a Regional Interagency Coordinating Council meeting for North Mississippi.

The Diagnostic Services Department received 143 initial referrals made through the First Steps Program. Another 18 infants and toddlers were

reevaluated as part of the monitoring process. A total of 125 children were subsequently determined eligible for early intervention services.

The Diagnostic Services Department also serves as a regional diagnostic hearing assessment center for the First Steps Universal Hearing Screening Program. Twenty-six infants who failed screenings in the hospital shortly after birth received state-of-the-art audiologic evaluations as part of this collaboration. In an effort to reach out to children with transportation problems, the Diagnostic Services audiologist began traveling during the fiscal year to several of the Project RUN satellite programs, providing 32 hearing evaluations for infants and toddlers.

South MS Regional Center: Meetings of the State Interagency Coordinating Council were attended by SMRC staff; SMRC published a newsletter in conjunction with the Department of Health's First Steps Early Intervention System; meetings of Early Intervention Program staff and representatives of First Steps were held at all Project PRINTS locations at least monthly to coordinate referral and transition processes; 56% of referrals to the Early Intervention Program were received from the First Steps System; Early Intervention Program staff and First Steps staff made a joint presentation at the City of Biloxi Health Awareness Fair, and Early Intervention Program staff and representatives of the First Steps System made two joint presentations on interagency collaboration at professional conferences.

During FY 1998, Early Intervention Program/Child Development Services were also available through Region V Delta Community Mental Health/Mental Retardation Services and Willowood Developmental Center. These programs served a total of 98 children during the fiscal year.

During FY 1998, DMH Bureau of Mental Retardation staff also actively participated in the activities of the BRIDGES (Bring Resources, Inclusion and Developmentally Appropriate Gains to Every Child in Mississippi) committee. BMR staff members served as conference co-coordinators for the BRIDGES conference, which was held during September 1997 and which was attended by approximately 450 individuals. BMR staff also continued participating in work groups of BRIDGES throughout the year. Additionally during the fiscal year, BMR staff continued to attend meetings of the Advisory Board for the Mississippi Statewide Services for Individuals who are Deaf-Blind.

PLANNING

The FY 1999 State Plan for Department of Mental Health Related Services for Individuals with Mental Retardation/Developmental Disabilities was completed in FY 1998 and was submitted to the State Board of Mental Health in April 1998 for review, with approval granted by the Board in May 1998.

An FY 1998 management plan calendar was developed in July 1997 for activities related to the planning process during the year.

The DMH Bureau of Mental Retardation, in conjunction with the Division of Medicaid, prepared a reapplication proposal for the Home and Community-Based Services-MR/DD Waiver (HCBS-MR/DD) which expanded service options and the number of individuals to be served during the next five years.

The DMH Bureau of Mental Retardation also developed and conducted a survey to ascertain the number and service/support needs of older adults with mental retardation/developmental disabilities. Results of the survey were presented at the following conferences: the Joint Conference on Aging in Tunica, MS (February 1998), the 14th Annual Conference on the Elderly Mentally Handicapped at William Carey College (April 1998) and the YAI Conference in New York, New York (April 1998).

**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. 205). Furthermore, the Department of Mental Health Core Data Elements were incorporated into the data collected.

**SERVICES
FOR OLDER
ADULTS**

In FY 1998, to serve the needs of older adults with mental retardation/developmental disabilities, the Bureau of Mental Retardation 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 older adults with mental retardation/developmental disabilities, the North MS Regional Center operates two homes in Fulton, MS, to serve older adults with developmental disabilities. South Mississippi

**COMMUNITY
LIVING/RESPITE
SERVICES**

Regional Center operates two group homes in Wiggins, MS, which serve older adults with MR/DD.

During FY 1998, 830 individuals with mental retardation/developmental disabilities received community living/respice 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.

During FY 1998, the Bureau of Mental Retardation provided additional community living services through 12 new 10-bed or less community-based ICF/MR programs, which serve 120 individuals.

See Appendices II and III, pp. 206-207, for lists/locations of group homes and supervised apartments funded through the BMR in FY 1998.

In FY 1998, intensive short-term residential respice 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. In-home respice services were also provided to 262 individuals enrolled in the HCBS-MR/DD Waiver Program.

See Appendix IV, p. 208 for list and locations of respice services.

In FY 1998, the Bureau of Mental Retardation again requested funds in its FY 1999 budget request for development of a statewide Supported Living Program within the existing Community Living Program. The BMR also again requested funds for two special respice 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 1998, the Developmental Disabilities Council (DDC) supported the MS Home of Your Own Alliance project through the University Affiliated Program (UAP) at the University of Southern MS, and five individuals with significant disabilities became home buyers. Additionally, 45 individuals were provided community living/support through three other DDC initiatives. Each of these people resides in his/her own apartment.

CASE MANAGEMENT	In FY 1998, 2,068 individuals with mental retardation/developmental disabilities received case management services. See Appendix V, p. 209 for list and locations of case management programs.
WORK ACTIVITY/ EMPLOYMENT SERVICES	In FY 1998, 1,678 individuals with mental retardation/developmental disabilities received work activity/employment related services. See Appendix VI, p. 210 for list and locations of work activity/employment related services.
EARLY INTERVENTION/ CHILD DEVELOPMENT SERVICES	In FY 1998, 862 children were served in early intervention/child development programs across the state. See Appendix VII, p. 211 for list and locations of Early Intervention/Child Development Programs.
FAMILY SUPPORT SERVICES	In FY 1998, 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 1998, the Developmental Disabilities Council (DDC) provided funds to support the Mississippi Association for the Rights of Citizens with Disabilities (ARC) to develop parent-service provided partnerships throughout the state. Eight ARC Chapters developed during FY 1997 were maintained, and four new chapters were developed. Over 500 families were provided support services through this one initiative.
SUPPORTED EMPLOYMENT	In FY 1998, 362 individuals with mental retardation/developmental disabilities received employment related services. See Appendix VIII, p. 212 for a list of providers and locations of employment related programs. In (federal) FY 1998, the Developmental Disabilities Council provided support to 12 service agencies to promote community employment concepts within their communities. Services included awareness, assistive technology intervention, school-to-work transition and job placement in competitive employment. Of the 362 individuals with mental retardation/developmental

disabilities who received employment related services in FY 1998 (mentioned above), 160 of these people with significant developmental disabilities were placed in jobs.

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 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. 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 1998, the third year of implementation of the HCBS-MR/DD Waiver Program, 440 individuals were enrolled. Services were provided through all five regional centers, as well as through some private, non-profit programs. Services provided included personal care (80 individuals served), in-home respite (262 individuals served), day habilitation (39 individuals served), residential habilitation (11 individuals served), and ICF/MR respite. The "Awareness" subsection of the "Bureau of Mental Retardation" section of the Annual Report includes information about the regional centers' efforts to promote community awareness of the HCBS-MR/DD Waiver program.

TRAINING

The BMR's Central Office staff made available and provided training and technical assistance on the Bureau of Mental Retardation/Developmental Disabilities 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-MR/DD (HCBS-MR/DD) Waiver, and other areas, such as grants preparation and Early Intervention Programs. Also, training and information were provided to the HCBS-MR/DD Waiver Service Coordinators and others on Person-Centered Planning during the year.

Demonstrations of assistive technology applications for families and service providers (on and off-campus) were provided by the regional centers in FY 1998. Examples include:

Ellisville State School: The Assistive/Communication Technology Services (ACTS) provided demonstrations of assistive technology

applications to families, staff, local hospital personnel, and students from the University of Southern MS, MS University for Women and Southeast Louisiana University (15 off-campus and 33 on-campus).

Hudspeth Regional Center: Refer to "training on the use of specific assistive technology services and/or devices" which follows.

North MS Regional Center: Training and demonstration of specific assistive technology services/devices were provided to approximately 651 professionals and students, including lectures for the University of MS Special Education, Communicative Disorders Department and for pre-Occupational/Physical Therapy and Psychology courses. The Technology Assistive Device Center (TAD) staff provided five major presentations at conferences, including the Southeast American Association on Mental Retardation (SEAAMR), the MS Speech, Language and Hearing Association (MSLHA), and the MS State Department of Education; the TAD Center also provided ongoing computer lab for computer-assisted instruction to more than 20 NMRC clients, utilizing AmeriCorps/InterACT personnel. The TAD Center director obtained her Assistive Technology Practitioner (ATP) specialty credentialing from the Rehabilitation Engineering Society of North America (RESNA), making the TAD Center the only ATP-credentialed program in the state.

South MS Regional Center: 45 demonstrations of assistive technology applications (involving 26 students) were made for families and off-campus service providers; an SMRC speech/language pathologist provided a demonstration to parents and staff on applications of communication displays that can be individually developed. In addition, parents had the opportunity to meet, upon request, with the speech/language pathologist to view computers, switches, adaptive keyboards, touch windows, and software that is used by individuals at SMRC.

Training on the use of specific assistive technology services and/or devices (on and off-campus) was provided by the regional centers in FY 1998. Examples include:

- Ellisville State School: The Assistive/Communication Technology Services (ACTS) provided specific training to clients with the following: communication devices (6 clients on-campus), assistive listening devices (1 client on-campus), environmental control (12 clients on-campus), technical assistance contracts (38 clients on-campus/20 off-campus). Also, training was provided for campus staff and students from the University of Southern MS and MS University for Women.

Hudspeth Regional Center: HRC's Assistive Technology Unit sponsored training by the Prentke Romich Company in the use of communication devices for parents and service providers. Staff from the Assistive Technology Unit provided training in assistive technology applications for students and other educators in Kansas City, Missouri, during July 1997, as part of the Jackson State University teleconference network in April 1998; training in this area was also provided to HRC employees.

North MS Regional Center: Refer to the preceding section regarding "demonstrations of assistive technology applications for families and service providers" for information in this regard.

South MS Regional Center: Training on the use of specific technology services and/or devices (on- and off-campus) was provided to the following audiences during FY 1998: teachers, family members, day care providers, school personnel, Early Intervention Program staff, Home and Community-Based Services -MR/DD (HCBS-MR/DD) Waiver Program staff, Head Start and school personnel, hospital and school speech pathologists, and social service case workers. Training was also provided by the speech/language pathologist to individuals with mental retardation and other developmental disabilities, facility staff, and university students (both on- and off-campus); staff from the Biloxi Community Home; and, the speech/language pathologist worked with the MS Department of Rehabilitation Services to provide an individual with an evaluation for an augmentative communication device.

Each of the five regional centers provides annual staff training activities. Examples of training provided to the staff of each facility (on- and off-campus/other than in assistive technology) in FY 1998 include:

Boswell Regional Center: Eighty individuals participated in new employee orientation at Boswell Regional Center. The areas covered in new employee orientation include: an Overview of Boswell Regional Center, Personnel Policies, Confidentiality and Client Rights, Abuse and Neglect, Drug-Free Workplace, Introduction to Mental Retardation, Adaptive Behavior Skills, Self-help Skills, Personal Hygiene, Oral Hygiene, Client Interaction, Behavioral Intervention, What is Active Treatment?, Functional Analysis, Medical Services, Role of Psychology in Mental Retardation, Dining and Nutritional Services, Recreational Services, Vocational Services, Fire/Weather/Disaster, Safety Awareness, Early Intervention Services, Home and Community-Based Services-MR/DD (HCBS-MR/DD) Waiver Program, Community-Based ICF/MR Programming, Diagnostic and Evaluation Services, CPR, Techniques for Managing Aggressive Behavior (TMAB), Psychological Assessment and

Psychiatric Intervention, Writing Behavior Reports, Observation of Client Interaction, and First Aid and Common Emergencies.

Ongoing staff development at Boswell Regional Center: During each calendar year, Boswell Regional Center provides continuous, ongoing training to the various departments based upon the staff's assessed training needs. Annual certification is given in CPR and Techniques for Managing Aggressive Behavior (TMAB). Refresher courses are provided in the following areas: Client Rights, Fire and Safety, Emergency Procedures, Behavior Management, Writing Individual Program Plans, Communication, and Speech/Language Utilization. Boswell Regional Center also provides Direct Service Provider Upgrade Training and Supervisory Training for Direct Care Supervisors. Extensive, ongoing training is also provided in the area of Behavior Management.

Ellisville State School: New employee orientation involved 483 employees in 31 classes, which addressed such topics as Personnel Policies and Procedures, Client Rights, Abuse and Neglect, Behavior Management, Introduction to Mental Retardation, CPR, Infection Control and Programming (not an exhaustive list).

Ongoing staff development at Ellisville State School: Ongoing training in FY 1998 included 2,308 classes which addressed such topics as First Aid, Abuse and Neglect, Client Rights, Behavior Management, Infection Control and Programming. Workshops including topics such as Abuse and Neglect, Behavior Change Management, Defensive Driving, Sign Language and Autism were also conducted.

Hudspeth Regional Center: During FY 1998, 192 new employees were oriented for a total of 7,680 hours; 135 Direct Care Trainees were upgraded to Direct Care Workers. Topics addressed during general orientation included the following: HRC's Mission and Values, Personnel Paperwork, HRC Tour, Policies and Procedures, Insurance Issues, an Introduction to the Department of Mental Health, Safety/Workman's Compensation, Fire Safety/Disaster Control, Fire: Use of Extinguishers/Alarms/Reporting, the Employee Assistance Program, Drug Free Workplace, Client Rights/Vulnerable Adults Act/Abuse, Adult CPR, Lifting and Transferring Techniques, Confidentiality/Client's Rights to Privacy/Release of Information, Seizures/Signs/Symptoms of Illness, Overview of Mental Retardation, Community Services Overview, Dietary Issues and Nutrition, Team Process and Programming, Funding/Client Monies/Employee Benefits, Oral Hygiene/Infection Control, Adult CPR, Behavior Management and Reinforcement, Techniques for Managing Aggressive Behavior (TMAB), the Americans with Disabilities Act

(ADA), Mental Retardation Classifications and Terms, Self Injurious Behaviors/Behavior Programs, Use of Restraints/Time Out and Data Collection, Client Sexuality and Feeding Techniques.

Ongoing HRC FY 1998 staff development activities included the following topics (not an exhaustive list): Tri-County Industries Presentation, Driver Training, CPR, Behavior Management, Techniques for Managing Aggressive Behavior (TMAB) Recertification, Direct Care Worker Upgrade, Clothing Control, Attention Deficit Disorder in Children, Client Rights, Confidentiality, Early Intervention Program: Goals/Documentation/Record Management, Fire Safety, Addictions, Ethics in the Workplace, Grief and Loss, Child Abuse and Neglect, First Aid, Cottage Rules, HIV/AIDS Workshop, Misdiagnosed Seizures, Slips/Trips/Falls, ICF/MR Regulations, Defensive Driving, Record Management, Communication with Older Adults, Art Therapy, Control of Verbal Aggression, General Nutrition, Personality Types, Vulnerable Adults Act, Volunteerism, Incident Reports, Person-Centered Planning, Effective Listening, Infection Control, Sexual Harassment, Medications/Side Effects, Quality Assurance, Record Monitoring, Parent Sensitivity, Feeding Issues, Alzheimer's Disease, Alternative Medicine, Gender in the Workplace, Newborn Hearing and Screening, Time Management, Managing School Violence, Genetics in Early Intervention, Oral Hygiene for Clients, Effective Documentation, Personal Care of Clients, the Faces of Depression, and the Americans with Disabilities Act (ADA).

North Mississippi Regional Center: During FY 1998, 234 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/Techniques for Managing Aggressive Behavior (TMAB) techniques, Behavior Modification and First Aid/CPR. During FY 1998, general employee orientation involved a total of 10,172 man hours.

Ongoing staff development: Three hundred forty-five NMRC staff attended approximately 112 off-campus workshops on various subjects, which included a total of 1,695 hours.

On-campus training for NMRC staff totaled approximately 16,449 man-hours during FY 1998. This training included Direct Care Worker Upgrade, Supervisory Training, Judevine Training, programs regarding specialized equipment and techniques, and monthly inservice training.

Additional subjects covered included Functional Assessment, Adapting Toys, Bus/Van Driver Training, Mealtime Procedures, Survey Review, Paperwork Policy, Prader-Willi Training, Parenting, Leisure Management, CPR/First Aid/Techniques for Managing Aggressive Behavior (TMAB) Recertification, Writing Individual Program Plans (IPPs), Wheelchair Safety, Accountability Sheets, Burnout, Auditing for Fraud, Effective Communication, Floor Buffer Usage, Nurse Ethics, Literacy, Sign Language, Psychological Programming, Medication/Charting, Adaptive Teaching, Drugs in the Workplace, Safety/Accident Prevention, Minimum Standards, Nutrition/Dietary Needs, Privacy, Socialization, People Mover Training, Autism, Client Choice, Informative Behavior Report (IBR), Deaf/Blindness, Qualified Mental Retardation Professional (QMRP) Training, Water Safety, House Rules, HCBS-MR/DD Waiver Program Record Keeping and Safe Food Handling.

South Mississippi Regional Center: During FY 1998, 216 new staff received 912 hours of orientation which addressed such topics as: Introduction to SMRC, SMRC's Mission and Core Values, Working at SMRC: Your Job and SMRC's Mission and Core Values, What is Mental Retardation and Who are the Clients?, Cottage Observation, Quality Services Management, Active Treatment and the Team Process, Client Rights and Working with Families, State Law/Client Abuse and Neglect, Safety is Everybody's Business, Drug Free Workplace, Fire Safety and Disaster Control, Body Mechanics and Transfers, Hand Washing Procedures, Personnel Policies and Procedures, Seizure Procedures, Infection Control, Residential Services, Psychology Overview, Communication, Techniques for Managing Aggressive Behavior (TMAB), Education Overview, Timeout Procedure, Documentation and Personal Care Skills, Mechanical Lift Training, Feeding Techniques, Safety for People Who Use Wheelchairs, Sexuality, Oral Hygiene and Diapering Procedure.

Ongoing staff development activities at SMRC for FY 1998 include the following: (Early Intervention Program staff training) the Early Intervention Program staff received ongoing training, in addition to regular scheduled staff development, on the following topics (including the number trained): Play Therapy for Infants and Toddlers (13); Body Mechanics (15); Working with Children and Families who have Experienced a Loss (5); Infant Reflexes and Motor Development (5); Play Assessment (4); Safety Concerns in the Early Intervention Environment (16); and, Basic Issues in Brain Development, Bonding, Communication, and Self-Esteem for Infants and Toddlers (16).

During FY 1998, SMRC also provided the following training: 390 hours of Direct Care Alternate Supervisor and Supervisor training, and 65 staff members completed this training; 476 hours of Direct Care Upgrade training were provided, and 101 staff completed this training program.

Additionally, SMRC provided 50 hours of management/leadership training on 9 topics: Myers-Briggs Type Inventory, How to Supervise People, Thinking Outside the Boundaries, Managing Conflict, Supervisory Training in Dealing with Sexual Harassment, How to Manage Conflict, Effective and Legal Interviewing, Leadership on the Line, and Communication and Confronting Constructively. This training was provided to 50 staff during the fiscal year.

Also during FY 1998, SMRC provided 246 hours of computer training to 267 staff. Topics addressed during this training included: Computer Basics, Intermediate/Advanced WordPerfect and Quattro Pro.

During FY 1998, SMRC provided 42 hours of special training topics to 167 staff. Examples of topics covered include: Managing Incontinence, Grief Support, "What Will Be Will Be," Person-Centered Planning for Persons Remaining in ICF/MR Facilities, Family Violence, "Keeping Your Cool When Things Get Hot," and Administrative Assistants and Secretaries Seminar.

During FY 1998, SMRC staff received an average of 27 hours each month of additional training in other inservice areas: Examples of topics addressed include: Portion Control, Therapeutic Intervention Plans, Catheter Care, Helmet Instructions, Active Treatment, Seizures, Handling Accidents and Roadside Emergencies, E-Mail Essentials, Fighting Back Pain, School Bus Driving, Lab Protocol, Fire Extinguishers, Dietary Training Program, Record Management, Hurricane/Disaster Preparedness, Ethics Training, Mealtime Communication Displays, Safety Policy and Procedures, Intervening in Stereotypic Behaviors, Tube Feeding, Menu Planning and Safety Device/Restraint Recording.

Training was also provided by the five facilities' staff to other groups/organizations throughout the year. Examples of this training include the following:

Boswell Regional Center: As previously mentioned, Boswell Regional Center staff distributed over 3,000 brochures about its Early Intervention Program and over 2,000 brochures about its HCBS-MR/DD Waiver Program. As also previously mentioned, staff made presentations to a local parents group in Warren County and to the

local school systems (regarding the HCBS-MR/DD Waiver Program). Additionally, staff made presentations to the Adams County Board of Supervisors (regarding the establishment of a group home in the Adams County area).

Ellisville State School: ESS staff conducted two seminars at the regional American Association on Mental Retardation (AAMR) meeting, participated in nursing training for the Southeast MS Inservice Council and made presentations at the Mississippi Industries for Individuals with Disabilities (MIID) conference. Additionally, Early Intervention Program staff provided training to Head Start and day care centers attended by Early Intervention Program clients. This training included behavior management and implementation and integration of individual habilitation plans into daily routines. Also, specific training was provided for the speech pathology staff on campus concerning the use of assistive technology for computer uses, environmental control devices and other general assistive technology.

Hudspeth Regional Center: During FY 1998, the Tri-County Industries Director made a presentation to special education students and their teachers, the Women's Civic League and special populations faculty and students regarding the services available at Tri-County. Additionally, the HRC Assistive Technology Unit (HRC/ATU) provided ongoing training in assistive technology to the following school districts: Madison, Hinds, and Clinton. (HRC/ATU is in partnership with these districts to assist with assistive technology training). During the fiscal year, HRC also made presentations to the following groups: Southeastern Psychological Association, American Association on Mental Retardation, Willowood Developmental Center, the American Red Cross, Ellisville State School, Boswell Regional Center, Goodwill Industries, MS Baptist Convention, MS Baptist Health Care Systems, MS Baptist Hospital, MS Christian Family Services, New Site Industries, MS State Department of Health, MS State Hospital, Clinton Park Elementary, Castlewoods Baptist Church, Epilepsy Foundation, the MS Arts Fair for the Handicapped and the Crossgates Baptist Church Mission Board. (Examples of topics covered during these presentations include the following: Adolescent Psychology, Inclusion of People with Severe Disabilities, Stress Management, Anxiety and Fears in Children, Behavior Problems in School-Related Behaviors, HIV Education, Defensive Driving, Supervisor Training, Developmental Disabilities Regulations, the Americans with Disabilities Act (ADA), Interviewing Skills, and Behavior Interventions.)

North MS Regional Center staff provided over 79 hours of training to other groups/organizations during FY 1998 covering topics such as Judevine for Public School Teachers 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: SMRC made presentations to the following groups during FY 1998: MS Gulf Coast Pre-School Director's Network, the University of Southern MS Children Under the Oaks Celebration, the Biloxi Housing Authority Children's Health Awareness Fair, William Carey College (Exceptional Children's Class), Parent University-Keesler Air Force Base, Picayune Vocational-Technical Class (Introduction to Exceptional Children).

During FY 1998, a speech/language pathologist presented to the SMRC Parent's Association, the Gulfport Civic League and the Knights of Columbus information related to the topics, "Empowering Individuals through our Partnerships and Assistive Technology."

The five regional centers continued to link with community colleges and universities to provide training experiences during FY 1998. Examples of this training provided by each center include:

Boswell Regional Center: During the past year, Boswell Regional Center trained social work students from Jackson State University, psychology students from William Carey College and nursing students from the University of Southern MS. Tours of the facility were also provided, as was the opportunity for "hands-on" work with the clients (in the appropriate training circumstances).

Ellisville State School: ESS internships during the year included the following: 55 student interns with concentrations in psychology, social work, education, and administration and 40 nursing student interns. ESS conducted 26 student nursing tours. Speech pathologists in the units provided three internships for speech majors at the University of Southern MS.

Hudspeth Regional Center: During FY 1998, HRC provided training to the following community colleges/university students: Hinds Community College, Belhaven College, Copiah-Lincoln Community College, Jackson State University, Northwest Community College, Pearl River Community College, Mississippi College, University of

Mississippi Medical Center, East Central Community College, and Louisiana Technical College. The training included both presentations and tours of the facility (23 tours were conducted at HRC for approximately 270 individuals - over 75% of the tours were conducted for nursing students, and the other 25% of the tours were conducted for special education classes, dietary students, dental hygienists, and foster grandparents). Also, there were three social work interns during FY 1997-1998, and diabetic intern students from St. Dominic hospital toured and observed clients at mealtimes.

North MS Regional Center: During FY 1998, NMRC provided training for 949 students from 11 community colleges and universities. Through the efforts of the Center's University Affiliated Programs, NMRC networked with 33 college professors for course work supervision of 51 classes. Training occurred in a wide range of areas including art, audiology, clinical psychology, speech pathology, occupational therapy, physical therapy, special education, curriculum and instruction, social work, educational leadership, family and consumer science, exercise science and leisure management, wellness, educational psychology, counseling psychology, southern studies and nursing. Training included observation, student teaching and research opportunities, as well as practicums and internships.

South MS Regional Center: During FY 1998, SMRC provided practicums for students from the following schools/disciplines: University of Southern MS, Gulf Park Campus (School of Social Work) and William Carey College (Department of Psychology). SMRC also provided observation experiences for students from the following schools/disciplines: University of Southern MS (Department of Special Education) and William Carey College (Department of Education). SMRC also provided a training experience for students from MS Gulf Coast Community College (Department of Information Technology). Volunteers/Practicum students are provided with orientation which includes a tour of the facility and information pertaining to the following areas: an Overview of SMRC, Client Rights/Confidentiality, Fire Safety, Abuse and Neglect, Universal Precautions for Long Term Care, Safety is Everybody's Business, Disaster Preparedness, and life instruction on Techniques for Managing Aggressive Behavior (TMAB) Preventative Techniques and TMAB Preventative Intervention.

Also during FY 1998, SMRC provided student tours of the SMRC campus. Students tours included exposure to the following: a walk through the SMRC Long Beach campus; discussion of the Residential,

Education, Medical/Nursing, Recreation and Community Programs, as students observe 24-bed and 20-bed cottages, classrooms and work environments. Additionally, students are provided with a public relations packet.

The following is a summary of the student practicums and student tours/observations conducted by SMRC during FY 1998 (number/type/school/discipline): 3 practicums-MS Gulf Coast Community College/Education; 12 tours/observations-MS Gulf Coast Community College/Nursing; 40 tours/observations-MS Gulf Coast Community College West Harrison Occupational Training Center/Community Relations; 47 tours/observations-University of Southern MS/Education; 1 practicum (initiated during FY 1998 and completed during FY 1999)-University of Southern MS/Education; 30 tours/observations-University of Southern MS/Nursing; 3 tours/observations-William Carey College/Nursing; 1 tour/observation-University of Southern MS/Social Work; 1 tour/observation-Long Beach High School/student interested in physical therapy; and, 1 practicum-William Carey College/Psychology. As referred to previously in the "Awareness" subsection of the "Bureau of Mental Retardation" section of the Annual Report, overall totals for FY 1998 include 5 student practicums and 134 student tours/observations.

During FY 1998, the speech/language pathologist made presentations at the following colleges/universities: William Carey College, University of Southern MS-Gulf Park Branch, and University of Southern MS-Jackson County Branch. (These presentations included both undergraduate and graduate level classes in the fields of Education and/or Special Education).

**QUALITY
ASSURANCE**

The following subcontractors provided services in the community and were monitored by the DMH for compliance with the DMH's Minimum Standards for Community Mental Health/Mental Retardation Services:

Reports are on file documenting 26 semi-annual visits to 13 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 16 semi-annual visits to 8 subcontractors of child development services.

Reports are on file documenting 32 semi-annual visits to 16 subcontractors of case management services.

Reports are on file documenting 38 total visits to Home and Community-Based MR/DD Waiver services, including the following: personal care, in-home respite, support coordination, day habilitation and residential habilitation.

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) initiatives are funded and monitored according to outcome based performance. The Administration on Developmental Disabilities (ADD), funding source for the DD Council, prioritizes outcomes in the following Life Goal Areas: self-determination (individuals have control, choice and flexibility in the services and supports they receive), employment, housing, health and education.

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 for this age population in FY 1998 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 (SACS).

Hudspeth Regional Center: The C. B. Noblin School at HRC continued to maintain "approved" accreditation status with the Mississippi Department of Education and is Southern Association of Colleges and Schools (SACS) accredited.

Six Tri-County Industries clients attended GED classes during FY 1998; one Tri-County client attended literacy classes; nine Tri-County clients regularly attended driver's education classes.

North MS Regional Center: The Education Department, Stovall Special Education Complex, maintained its accreditation as a special school with the Mississippi Department of Education and has an accredited rating from the Southern Association of Colleges and Schools (SACS).

South MS Regional Center: The early intervention program continued to provide support to local school districts for assistive technology services, and 812 Child Find letters were mailed. Additionally, SMRC maintained its approved status as a non-public school with the Mississippi Department of Education.

Transition

The regional centers also continued to facilitate transition of persons served by the centers 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 centers related to transitional services are as follows:

Ellisville State School: ESS had four students attending public schools, with three participating in the 1998 South Jones Graduation Ceremonies in May. Ten students graduated from the Special Education program and made the transition from school to the vocational program in FY 1998. The Early Intervention Program transitioned 36 children from Early Intervention Program services to public school or the Head Start Program.

Hudspeth Regional Center: The Education Department's public school program continues to integrate students in the Rankin County School District. In FY 1998, three students graduated from the public schools and were transitioned into work programs either on- or off-campus.

North MS Regional Center: During FY 1998, 57 children transitioned from Project RUN Early Intervention Program to local day care settings, Head Start and public school; 13 clients transitioned from school to work programs; four attended community-based public schools, including two who graduated; and, eight AmeriCorp members worked with public school students and transitioning Project RUN children.

South MS Regional Center: During FY 1998, 59 students were discharged from the Early Intervention Program. Of these 59, 40 now attend their local school or Head Start Center. Also during FY 1998, several additional children received school-provided services in typical day care centers.

Following are the number of individuals evaluated during FY 1998 by the regional centers who were found eligible for ICF/MR placement but who were referred to community services/supports, along with referral descriptions:

Boswell Regional Center: 33 total referrals - Of this total, 12 were referred to the HCBS-MR/DD Waiver Program; 17 were referred to the Early Intervention Program and 4 were referred to Community Services for case management services.

Ellisville State School: 99 total referrals; referral sources include the following: mental health centers, activity centers, other ICF/MRs, case management, Home and Community-Based Services-MR/DD (HCBS-MR/DD) Waiver Program, Early Intervention Programs, and Pre-Vocational Programs.

Hudspeth Regional Center: 202 total referrals; referral sources include the following: Home and Community-Based Services-MR/DD (HCBS-MR/DD) Waiver Program; Case Management; Family Support; Willowood Work Activity Center; Mississippi Industries for Individuals with Disabilities (MIID)-Meridian, MS; RACO (Rankin County Industries Workshop); MS Christian Family Services in Rolling Fork, MS; Community Counseling Services in Starkville, MS; the Morton Work Activity Center; the Louisville Work Activity Center; Horizon Unlimited in Canton, MS; and, the Early Intervention Program.

North MS Regional Center: During FY 1998, NMRC's Diagnostic Services Department evaluated 242 individuals who were eligible for ICF/MR services and were referred to community service/support programs. Many clients were referred to more than one community services/support program. A total of 194 referrals were made to the Community Services Department, with Regional Case Management receiving 70 referrals, sheltered workshops receiving 36 referrals, and Alternative Living Arrangements receiving 36 referrals. Ninety-seven clients (40% of the number of ICF/MR eligible clients) were referred to the Home and Community-Based Services-MR/DD Medicaid Waiver Program. Another 63 clients (26%) were referred for special

education services through the public schools. Other referrals include 14 for nursing facility placement, 11 to early intervention programs, 9 to mental health services, 2 to the local Association for the Rights of Citizens with Developmental Disabilities (ARC) chapter for respite services and 1 to a private vocational program.

South MS Regional Center: 53 total referrals; referral sources included the following: Home and Community-Based Services-MR/DD (HCBS-MR/DD) Waiver Program, including in-home personal care and respite and day habilitation services; Vocational Rehabilitation; local mental health centers; and, aging services.

**MAINTAIN
LICENSURE
ACCREDITATION**

During FY 1998, 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. 213-214, Licensed Beds, FY 1998.

**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 1998 include:

Boswell Regional Center: In FY 1998, the following repairs/renovations and capital improvements were undertaken by BRC: two ICF/MR group homes in Wesson, MS, were completed during FY 1998 (the homes were completed in September 1997, and occupied by clients in October 1997); the facility finished construction of a client swimming pool in May 1998; the renovation of two houses for Americans with Disabilities Act (ADA) compliance purposes was completed in June 1998; four buildings on the main campus were reroofed; exterior painting of 60% of the campus was completed; a new parking lot was completed for the Jaquith Building; construction was begun in April 1998 for a home in Simpson County, MS, for individuals with autism; renovation and repair of the Work Activity Center was in progress; and, construction and renovation of a new water well was begun in April 1998.

Ellisville State School: In FY 1998, the following repairs/renovations and capital improvements were undertaken by ESS: a project to install the outside plant fiber optic cable system was completed in May 1998; work was in progress on a fire alarm update in designated buildings; work was in progress on HVAC replacement in designated buildings; work was in progress on emergency generator replacement in designated buildings; a repair and renovation program of the

sheltered workshop was near completion at fiscal year's end; construction of a 10-bed ICF/MR community-based group home in Sumrall, MS, was completed; ESS was in the process of obtaining land for the construction of two 10-bed ICF/MR community-based group homes in Richton, MS; property for the construction of a 10-bed ICF/MR community-based group home in Columbus, MS, was located; property was located for the construction of two 10-bed ICF/MR community-based group homes in Jefferson Davis County, MS; a fencing program was completed on the Lumberton 10-bed ICF/MR community-based group home and the ESS campus; boiler replacement for the adult activity center was completed; and, a roofing program for three campus buildings was completed.

Hudspeth Regional Center: During FY 1998, the following repairs/renovations and capital improvements were undertaken: construction of two 10-bed ICF/MR group homes in Morton, MS, was underway; construction of a Hudspeth Regional Center Workshop in Morton, MS, was initiated during FY 1998; construction of two 10-bed ICF/MR group homes in Louisville, MS, was initiated during FY 1998; construction of a Hudspeth Regional Center Workshop in Louisville, MS, was initiated during FY 1998; drawings were initiated to renovate the Noblin Education Building at HRC; and, the food service facility building was completed.

North MS Regional Center: During FY 1998, the following repairs/renovations and capital improvements were undertaken: construction of two 10-bed ICF/MR group homes in Bruce, MS, was underway and almost completed as of fiscal year's end; construction of two 10-bed ICF/MR group homes in Corinth, MS, was completed by fiscal year's end; construction of a 7,200 square foot building to house Psychology and the Home-Based Community Waiver Program and renovation of the existing administration building was initiated during the fiscal year; construction of two 10-bed ICF/MR group homes in Pontotoc County, MS, was initiated during the fiscal year and, as of the fiscal year's end, property transfer was underway; construction of two 10-bed ICF/MR group homes in Batesville, MS, was initiated during the fiscal year, and property was transferred as of fiscal year's end; as of fiscal year's end, the Center was awaiting notice to proceed on a project to remove and replace three underground fuel tanks to comply with Environmental Protection Agency requirements; as of fiscal year's end, a project to enlarge/expand the employee dining area of the central cafeteria to double its seating capacity and to enlarge the warehouse by approximately 5,000 square feet was completed; renovation of client

bathrooms in the on-campus adult workshop to meet Americans with Disabilities Act (ADA) requirements and renovation of the kitchen area (six cottages) were completed as of fiscal year's end; a design was completed to eliminate the remaining hot water reheat system in the Hudspeth and Engineering buildings; internal and external computer network wiring was initiated during the fiscal year and, as of fiscal year's end, this project was 95% complete; asphalt overlay of the service road, Woodlea parking lot and the Engineering lot was initiated during the fiscal year and, as of fiscal year's end, the design for this project was 95% complete.

South MS Regional Center: During FY 1998, the following repairs/renovations and capital improvements were undertaken: a renovation project to replace the terrazzo flooring with quarry tile flooring in the Central Dietary Building on the Long Beach, MS, campus was completed; construction of 3 pavilions (one each at the Biloxi, Poplarville and Wiggins ICF/MR Group Homes) was completed; construction of 4 additions to the Developmental Training Building at the main campus in Long Beach, MS, was completed; construction of a 2,000 square foot metal storage building on the main campus at Long Beach, MS, was completed; construction of the Program Coordination Building on the Long Beach, MS, campus was completed; and, construction was initiated on two ICF/MR group homes in Waveland, MS.

APPENDIX I

**BUREAU OF MENTAL RETARDATION
Community Service Data
Fiscal Year 1998**

SERVICE	NUMBER OF CLIENTS SERVED
Community Living Services	830
Work Activity	1,678
Early Intervention/Child Development	862
Case Management	2,068
Diagnostic and Evaluation	1,403
Employment Related Services	362
Home and Community-Based Services- MR/DD Waiver	440
Assistive Technology Evaluations	445

APPENDIX II

**BUREAU OF MENTAL RETARDATION
Community Living Services
Group Homes
Fiscal Year 1998**

PROVIDER	SITES
Boswell Regional Center	Brookhaven (3), Magee (6), Wesson (2) Mendenhall (2), and Hazelhurst (2)
Ellisville State School	Ellisville (3), Hattiesburg (3), Laurel (3), Waynesboro (2), Lumberton (2), Sumrall and Taylorsville .
Hudspeth Regional Center	Meridian (2), Whitfield, Brandon
Mississippi Christian Family Services	Rolling Fork (2)
North Mississippi Regional Center	Bruce (4), Hernando (2), Oxford (4), Tupelo (4), Fulton (2) and Corinth
Region 1	Clarksdale
Region 5	Greenville
Region 6	Greenwood (2)
Region 7	Starkville
South Mississippi Regional Center	Biloxi (2), Gautier (2), Picayune, Poplarville (3), Wiggins (2) and Gulfport
Willowood	Clinton, Pearl and Jackson

*Note: The above includes ICF/MR Community Homes.

APPENDIX III

**BUREAU OF MENTAL RETARDATION
Community Living Services
Supervised Apartments
Fiscal Year 1998**

PROVIDER	SITES
Boswell Regional Center	Magee
Columbus-Lowndes	Columbus
Ellisville State School	Ellisville Laurel
Hudspeth Regional Center	Clinton Jackson Brandon
North Mississippi Regional Center	Oxford Tupelo
South Mississippi Regional Center	Gulfport
Region 14	Lucedale

APPENDIX IV

**BUREAU OF MENTAL RETARDATION
Respite Program
Fiscal Year 1998**

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 1998**

AGENCY	SITES
Boswell Regional Center	Sanatorium
Columbus-Lowndes	Columbus
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 1998**

PROVIDER	SITES
Columbus-Lowndes	Columbus
Ellisville State School	Heidelberg, Laurel, Taylorsville, Lumberton and Waynesboro
Hudspeth Regional Center	DeKalb and Meridian
MIDD-West	Vicksburg
Mississippi Christian Family Services	Rolling Fork
North Mississippi Regional Center	Bruce, Fulton, Hernando, Holly Springs, Oxford, Tupelo, Corinth and luka
Region 1	Clarksdale
Region 4	Booneville 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 Pearlinton
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 1998**

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, Hernando and Clarksdale
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 1998**

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 1998
(July 1, 1997 Through June 30, 1998)**

CENTER	LICENSED BED CAPACITY	ACTIVE BEDS- INSTIT.	TOTAL SERVED INSTIT.	ACTIVE BEDS COMM.	TOTAL SERVED COMM.
Boswell Regional Center	190	140	186	50	55
Ellisville State School	650	556	609	80	84
Hudspeth Regional Center	335	285	318	40	41
South MS Regional Center	240	160	166	80	83
North MS Regional Center	7/1/97-6/30/98 370 beds	280	322	7/1/97-6/30/98 90 beds	91

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 1998) 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, 1997) through the last day of the fiscal period (June 30, 1998).

**BMR - CERTIFIED BEDS ON-CAMPUS
(OTHER THAN ICF/MR BEDS) FY 1998**

CENTER	BMR CERTIFIED CAPACITY	ACTIVE BEDS- ON-CAMPUS	TOTAL SERVED ON-CAMPUS
Boswell Regional Center	62	42	50

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 or BMR-certified services.

Active Beds: The number of beds set up and staffed (during FY 1998) to provide ICF/MR or BMR-certified services to each resident.

