

Mississippi Department of Mental Health Annual Report FY 2003



**MISSISSIPPI DEPARTMENT OF MENTAL HEALTH
ANNUAL REPORT, FY 2003**

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**MISSISSIPPI DEPARTMENT OF MENTAL HEALTH
BOARD MEMBERS**

**FISCAL YEAR 2003
(July 1, 2002 – June 30, 2003)**

Mr. Bradley Sanders, Chairperson

Dr. David S. Hargrove

Ms. Mary Elizabeth Morton, Vice-Chairperson

Mr. George Harrison

Dr. Patricia Ainsworth

Mr. Robert Landrum

Mr. William T. Buford

Dr. Robert Maddux

Ms. Manda Griffin

Executive Summary, FY 2003 Annual Report Mississippi Department of Mental Health

The Mississippi Department of Mental Health's (DMH) FY 2003 Annual Report provides an overview of the agency's progress toward accomplishing its mission throughout the year. The FY 2003 Annual Report contains descriptions of the organization of the MS Department of Mental Health and the major components of the system of services administered by the agency. The first part of the document includes the philosophy and organization of the service system, followed by a summary of the overall funding and resources available for the year. The report describes 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 to form a statewide network of public services and support systems. The report also describes the administrative functions of the Department of Mental Health, which includes an Office of Constituency Services that operates a toll-free help line to provide information regarding services and to address grievances and complaints about services in the system administered by or through the agency.

The majority of the report includes detailed information describing the components and service highlights or progress in each of the major areas of services for which the Department is responsible. The Mississippi Department of Mental Health is the state agency responsible for administering public mental health, alcohol and drug abuse, and mental retardation/developmental disabilities services in the state. Since 1998, the DMH has also been responsible for training of caregivers and service providers for individuals with Alzheimer's Disease and other dementia, as well as for developing certain day services for these individuals.

The FY 2003 Annual Report summarizes progress on development of new facilities and services. Among the highlights was the continued operation at partial capacity of the crisis center in Corinth, the first of seven authorized by the 1999 State Legislature. As of December of 2003, the center in Corinth was operating additional beds, and construction of five of the remaining centers (in Newton, Laurel, Batesville, Cleveland and Grenada) was either completed or nearing completion. As of December, 2004, the Corinth Center was fully operational, and the other five centers (above) were all open at half capacity.

The Department of Mental Health continued activities to develop the Central MS Residential Center (CMRC) in Newton. Renovation of the former Clarke College continued during the year, and in the fall of 2003, four, 12-bed personal care homes located on the CMRC campus were opened. CMRC also continued to operate Footprints, an adult day services program for persons with Alzheimer's Disease and other dementia, which is located near the main campus.

FY 2003 was the first complete year in which adolescents were served in the new Bradley A. Sanders Adolescent Complex, a 50-bed acute psychiatric and chemical dependency inpatient treatment unit for adolescents operated by East MS State Hospital. This new treatment complex, which includes modern educational and recreational facilities for the youth, replaced the old adolescent unit and is located near, but off of the main campus for adults, behind the MS State University annex in Meridian. Oak Circle Center, a 60-bed acute psychiatric inpatient program for children and adolescents, also continued operation by MS State Hospital in Whitfield.

North MS State Hospital, which opened in 1999, and South MS State Hospital, which opened in 2000, continued to provide acute psychiatric stabilization services to individuals with mental illness to reduce the need for longer-term stays or continued treatment at the larger two state hospitals in Whitfield and Meridian. These 50-bed regional facilities, which served

approximately 900 persons during the year, coordinate services with community mental health center services in their respective regions to facilitate continuity of care before admission and after discharge, thereby further reducing the need for rehospitalization. East MS State Hospital and MS State Hospital continued to operate comprehensive inpatient facilities for individuals in need of psychiatric or chemical dependence treatment. Licensed nursing facilities also continued to provide services to persons in need of nursing home care, located on the campuses of MS State Hospital in Whitfield and of East MS State Hospital in Meridian.

The Juvenile Rehabilitation Facility for youth with mental retardation in Brookhaven continued operation as a 48-bed specialized treatment unit for youth with mental retardation who meet commitment criteria and whose behavior makes it necessary for their treatment to be provided in a specialized treatment facility. Construction of the Specialized Treatment Facility for Emotionally Disturbed Youth, a similar 48-bed facility for youth with mental illness in Harrison County, was completed. At the end of FY 2003, operation of this new facility was contingent on availability of funding, which was appropriated in 2004 to open the facility at half capacity.

Throughout the fiscal year, the Department of Mental Health continued working with the 15 regional community mental health/mental retardation centers (CMHCs), the Community Services Divisions of MS State Hospital and East MS State Hospital and other nonprofit programs, which made available an array of community mental health and substance abuse prevention and treatment services. A range of community-based mental health services for adults was provided to over 44,000 adults with a serious mental illness. Specific services for adults may vary across community mental health centers, but generally included: outpatient therapy, psychosocial rehabilitation services, case management, pre-evaluation screening for civil commitment, inpatient referral, and emergency telephone services, as well as access to family education and consumer education services, group home services, transitional living and/or supervised apartment programs in some areas of the state. Community mental health services for adults provided by East MS State Hospital and MS State Hospital typically are close to the hospitals, for individuals being discharged from the hospitals, and in areas that CMHCs choose not to provide the service. Services included: group home services, transitional living programs, supervised apartments, psychosocial rehabilitation programs, and specialized programs for homeless persons with mental illness.

Over 25,000 children and youth with a serious emotional disturbance were served through the 15 regional community mental health centers and other nonprofit programs certified and receiving funding from the Department of Mental Health in FY 2003. Services made available to children vary somewhat across regions, but in general included: outpatient therapy, day treatment, case management, pre-evaluation screening for civil commitment (for youth 14 and over), inpatient referral, and emergency telephone services. DMH continued funding and/or certification and technical assistance to nonprofit providers of therapeutic group home services, therapeutic foster care providers, three community based residential treatment programs for adolescents with substance abuse problems, and adolescent offender programs with a day treatment component.

The Department of Mental Health also continued work with the regional community mental health centers and other nonprofit providers to available a range of outpatient and residential alcohol and drug abuse treatment and prevention services at the local level. Most community mental health centers provide 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. Many centers now also provide intensive outpatient

programs, which allow individuals to attend treatment while maintaining job or school responsibilities. In addition, some centers offer day treatment and specialized services for children and adolescents and women.

Services for individuals with mental retardation continued to be available statewide through the five comprehensive regional facilities operated by the Department of Mental Health (North MS Regional Center, Hudspeth Regional Center, Boswell Regional Center, Ellisville State School, and South MS Regional Center), as well as through some regional community mental health centers and other certified community services providers. The DMH regional centers continued to operate licensed ICF/MR facilities and a range of community-based programs throughout the state, including community living services, work activity services, early intervention/child development services, case management, diagnostic and evaluation services, employment related services, assistive technology evaluations, support services (day support and elderly psychosocial programs) and Home and Community-Based Waiver Service for eligible persons with mental retardation/developmental disabilities (HCBS MR/DD Waiver program). The Department of Mental Health, Bureau of Mental Retardation also continued serving as the Designated State Agency for the Mississippi Council on Developmental Disabilities, which funded a number of initiatives designed to promote an improved quality of life for people with developmental disabilities.

The accomplishments described in the Annual Report would not have been possible without the work and support of the State Legislature and the Governor, input and collaboration with families and consumers, and the dedication and care provided by the many individuals who provide direct services on a daily basis. We remain grateful to all these individuals for their contributions to the progress our agency made in FY 2003.

Philosophy of the Mississippi Department of Mental Health

The Department of Mental Health is committed to developing and maintaining a comprehensive, statewide system of prevention and service options for adults and children with mental illness or emotional disturbance, alcohol/drug abuse/dependence problems, and/or with mental retardation or developmental disabilities. This array of services includes prevention, treatment and training services in inpatient or institutional settings, as well as a system of community-based treatment, residential and support services including transitional and aftercare programs. The department is also committed to developing and maintaining community-based adult day programs for persons with Alzheimer's disease and other dementia and to providing education and training for families and other care givers.

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 most 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 2003 by the Department and its affiliated service providers in accomplishing this long-term goal.

A priority of the Department is to work with individuals receiving services and their families to develop the capacity of communities so that needed services and supports can be offered locally. In working to achieve this goal, the Department continues to develop an array of community programs that will provide services to individuals as close to their homes and communities as possible. The Department also strives 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 provides 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 at these facilities 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.

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, Annotated. The statute placed into one agency mental health, alcohol/drug abuse, and mental retardation programs which had previously been under the direction of the State Board of Health, the Interagency Commission on Mental Illness and Mental Retardation, the Board of Trustees of Mental Institutions, and the Governor's Office. The statute also addresses the Department of Mental Health's responsibilities concerning services for persons with Alzheimer's disease and other dementia.

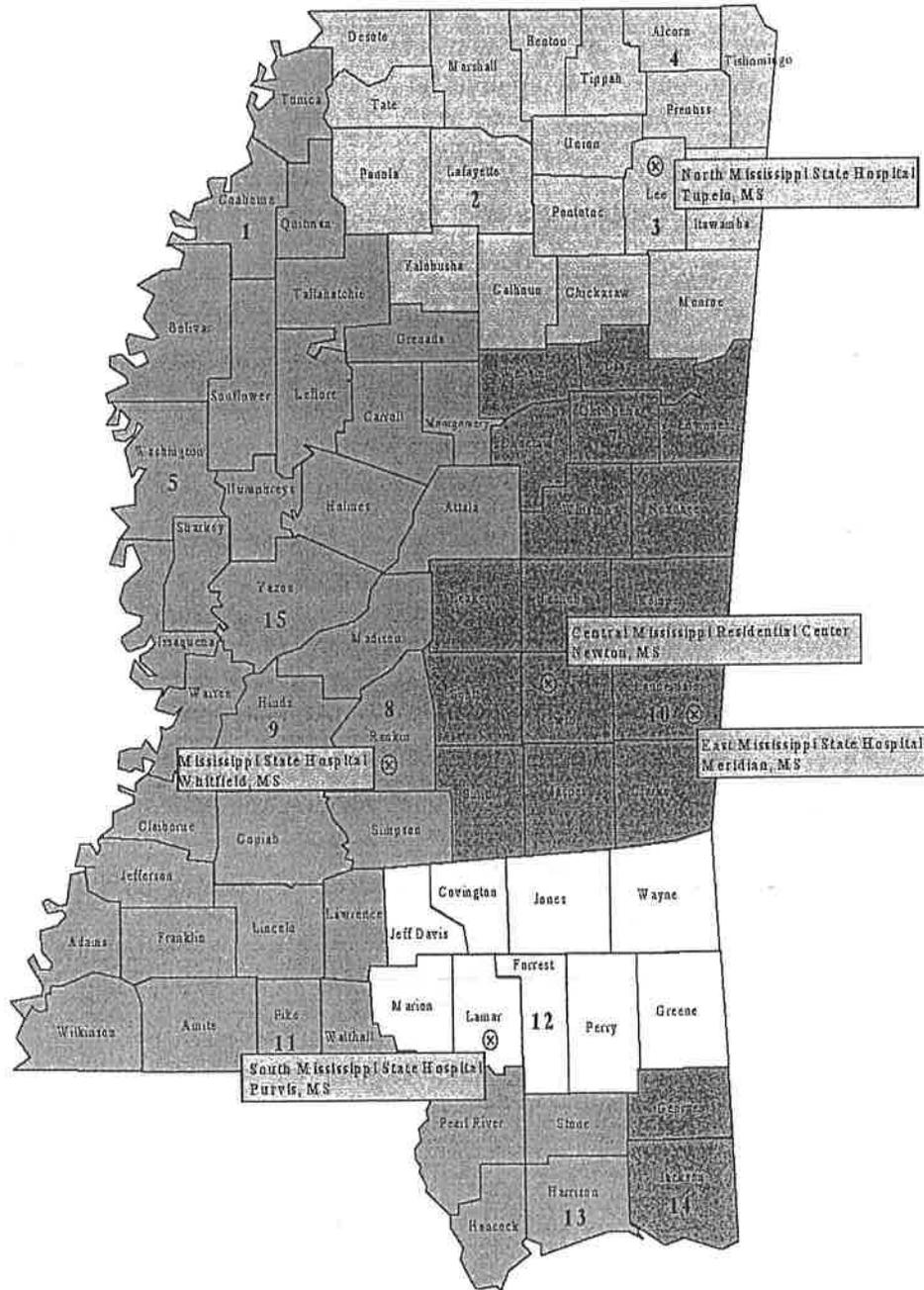
The network of services comprising the public system is delivered through three major components:

State-operated facilities The four state psychiatric facilities (see map, p. 9 and list, p. 10), the five regional facilities (see map, p. 11 and list, p. 12) and the juvenile rehabilitation facilities are administered and operated by the Department of Mental Health. These facilities serve designated counties or service areas in the state and provide inpatient psychiatric, chemical dependence, forensic, 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 an update on new 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 in some regions, mental retardation/developmental disabilities services (see map, p. 13 and list, pp. 14-15). 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 mental health and substance abuse 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 agencies 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 Service Areas



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

East Mississippi State Hospital
P. O. Box 4128
West Station
Meridian, MS 39304-4128
(601) 482-6186

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

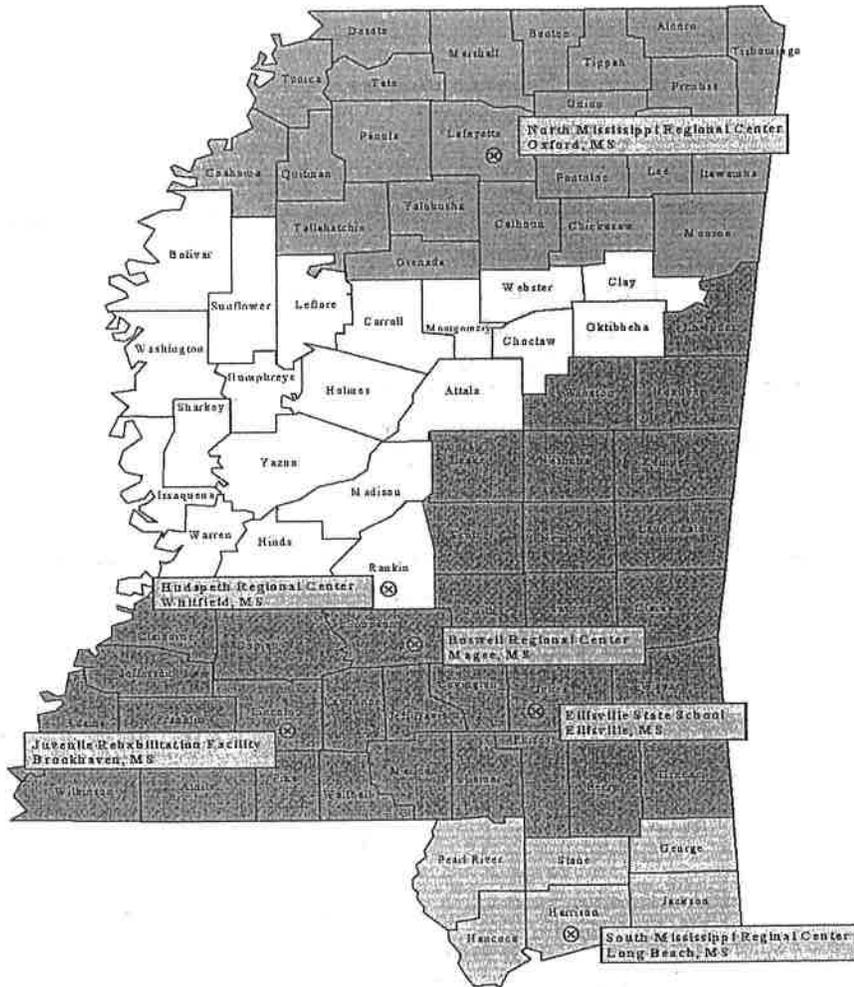
North Mississippi State Hospital
1937 Briar Ridge Road
Tupelo, MS 38804
(662) 690-4200

South Mississippi State Hospital
823 Highway 589
Purvis, MS 39475
(601) 794-0100

Central Mississippi Residential Center
P. O. Box 470
Newton, MS 39345
(601) 683-4200

Specialized Treatment Facility
14426 James Bond Road
Gulfport, MS 39503
(228) 328-6000

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



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

Boswell Regional Center
P. O. Box 128
Magee, MS 39111
(601) 867-5000

Ellisville State School
1101 Highway 11 South
Ellisville, MS 39437
(601) 477-9384

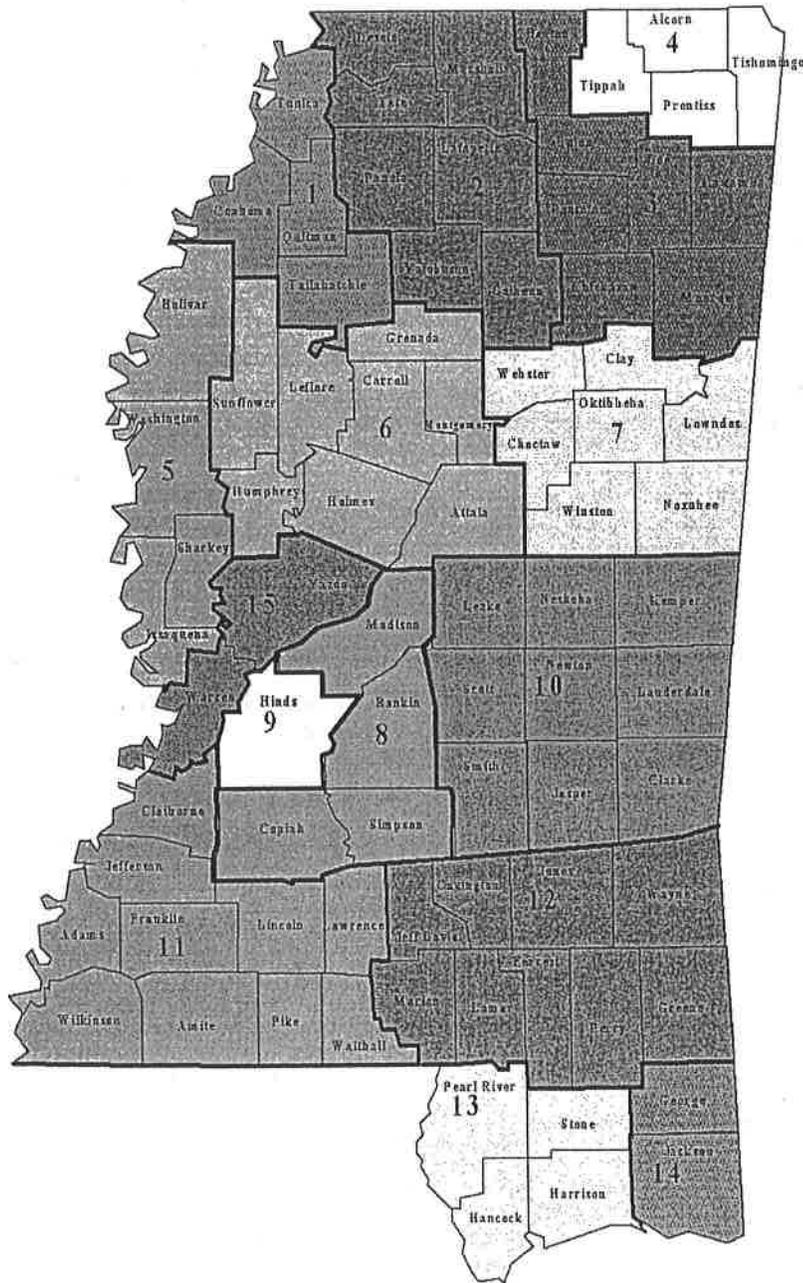
Hudspeth Regional Center
P. O. Box 127-B
Whitfield, MS 39193
(601) 664-6000

North Mississippi Regional Center
967 Regional Center Drive
Oxford, MS 38655
(662) 234-1476

South Mississippi Regional Center
1170 West Railroad Street
Long Beach, MS 39560
(228) 868-2923

Juvenile Rehabilitation Facility
760 Brookman Drive Extension
Brookhaven, MS 39601
(601) 823-5700

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



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

<p>Region 1: Coahoma, Quitman, Tallahatchie, Tunica</p>	<p>Region One Mental Health Center 1742 Cheryl Street P. O. Box 1046 Clarksdale, MS 38614 (662) 627-7267</p>
<p>Region 2: Calhoun, DeSoto, Lafayette, Marshall, Panola, Tate, Yalobusha</p>	<p>Communicare 152 Highway 7 South Oxford, MS 38655 (662) 234-7521</p>
<p>Region 3: Benton, Chickasaw, Itawamba, Lee, Monroe, Pontotoc, Union</p>	<p>Region III Mental Health Center 2434 South Eason Boulevard Tupelo, MS 38801 (662) 844-1717</p>
<p>Region 4: Alcorn, Prentiss, Tippah, Tishomingo</p>	<p>Timber Hills Mental Health Services 303 N. Madison St. P. O. Box 839 Corinth, MS 38835-0839 (662) 286-9883</p>
<p>Region 5: Bolivar, Issaquena, Sharkey, Washington</p>	<p>Delta Community Mental Health Services 1654 East Union Street P. O. Box 5365 Greenville, MS 38704-5365 (662) 335-5274</p>
<p>Region 6: Attala, Carroll, Grenada, Holmes, Humphreys, Leflore, Montgomery, Sunflower</p>	<p>Life Help Old Browning Road P. O. Box 1505 Greenwood, MS 38935-1505 (662) 453-6211</p>
<p>Region 7: Choctaw, Clay, Lowndes, Noxubee, Oktibbeha, Webster, Winston</p>	<p>Community Counseling Services 302 North Jackson Street P. O. Box 1188 Starkville, MS 39760-1188 (662) 323-9261</p>
<p>Region 8: Copiah, Madison, Rankin, Simpson</p>	<p>Region 8 Mental Health Services 613 Marquette Road P. O. Box 88 Brandon, MS 39043 (601) 825-8800 (Service); (601) 824-0342 (Admin.)</p>

Region 9: Hinds	Hinds Behavioral Health Center (formerly Jackson Mental Health Center in FY 2003) Margaret L. Harris, Director 969 Lakeland Drive St. Dominic Hospital Jackson, MS 39216 (601) 321-2400
Region 10: Clarke, Jasper, Kemper, Lauderdale, Leake, Neshoba, Newton, Scott, Smith	Weems Community Mental Health Center 1415 College Road P. O. Box 4378 Meridian, MS 39304 (601) 483-4821
Region 11: Adams, Amite, Claiborne, Franklin, Jefferson, Lawrence, Lincoln, Pike, Walthall, Wilkinson	Southwest MS Mental Health Complex 1701 White Street P. O. Box 768 McComb, MS 39649-0768 (601) 684-2173
Region 12: Covington, Forrest, Greene, Jeff Davis, Jones, Lamar, Marion, Perry, Wayne	Pine Belt Mental Healthcare Resources 103 South 19th Avenue P. O. Box 1030 Hattiesburg, MS 39403 (601) 544-4641
Region 13: Hancock, Harrison, Pearl River, Stone	Gulf Coast Mental Health Center 1600 Broad Avenue Gulfport, MS 39501-3603 (228) 863-1132
Region 14: George, Jackson	Singing River Services 3407 Shamrock Court Gautier, MS 39553 (228) 497-0690
Region 15: Warren, Yazoo	Warren-Yazoo Mental Health Services 3444 Wisconsin Avenue P. O. Box 820691 Vicksburg, MS 39182 (601) 638-0031

DEPARTMENT OF MENTAL HEALTH RESOURCES

Financial Resources

In Fiscal Year 2003, Department of Mental Health expenditures for mental health, alcohol/drug abuse, and mental retardation services totaled \$472,271,000, up from \$463,552,000 expended in Fiscal Year 2002. 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 4a provides a breakdown of revenues excluding federal Medicaid payments to CMHCs, while Table 4b includes these payments.

Table 4a: Sources of funding - excluding federal share of Medicaid to CMHCs

	2000		2001		2002		2003	
	%	Amount	%	Amount	%	Amount	%	Amount
General Funds	50.35%	215,625,000	47.13%	213,001,000	40.59%	188,162,000	38.46%	181,644,000
Federal grants	5.51%	23,599,000	5.51%	24,879,000	5.36%	24,858,000	6.10%	28,792,000
Healthcare Exp. Trust funds	1.75%	7,500,000	1.66%	7,500,000	3.76%	17,452,000	5.28%	24,952,000
3% alcohol tax	0.81%	3,484,000	.82%	3,726,000	.93%	4,303,000	1.07%	5,031,000
Trf. From CMHCs for match	0.00%	0	1.75%	7,919,000	2.55%	11,818,000	2.71%	12,786,000
Other**	41.58%	178,052,000	43.13%	194,894,000	46.80%	216,959,000	46.39%	219,066,000
Total	100%	428,260,000	100%	451,919,000	100%	463,552,000	100%	472,271,000

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

Table 4b: Sources of funds - including federal share of Medicaid to CMHCs

	2000		2001		2002		2003	
	%	Amount	%	Amount	%	Amount	%	Amount
General Funds	50.35%	215,625,000	47.13%	213,001,000	40.59%	188,162,000	38.46%	181,644,000
Federal grants	5.51%	23,599,000	5.51%	24,879,000	5.36%	24,858,000	6.10%	28,792,000
Healthcare Exp. Trust funds	1.75%	7,500,000	1.66%	7,500,000	3.76%	17,452,000	5.28%	24,952,000
3% alcohol tax	.81%	3,484,000	.82%	3,726,000	.93%	4,303,000	1.07%	5,031,000
Trf. From CMHCs for match	0.00%	0	1.75%	7,919,000	2.55%	11,818,000	2.71%	12,786,000
Other**	51.98%	222,613,000	55.11%	249,074	64.14%	297,312,000	65.34%	308,584,000
Total	110.41%	472,821,000	111.99%	506,099,000	117.33%	543,905,000	118.95%	561,789,000

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

Table 5a: Each dollar expended by the Department (FY 2000 – FY 2003), excluding federal Medicaid funds drawn by the CMHCs, generated services to Mississippians in the following proportions.

	FY 2003	FY 2002	FY 2001	FY 2000
Mental Health - Institutional	\$0.37	\$0.37	\$0.38	\$0.38
Mental Retardation - Institutional	\$0.33	\$0.33	\$0.33	\$0.34
Mental Health - Community	\$0.08	\$0.08	\$0.08	\$0.08
Mental Retardation - Community	\$0.17	\$0.17	\$0.16	\$0.15
Alcohol and Drug - Community	\$0.04	\$0.04	\$0.04	\$0.04
Subtotal	\$0.99	\$0.99	\$0.99	\$0.99
Administration	\$0.01	\$0.01	\$0.01	\$0.01
Total	\$1.00	\$1.00	\$1.00	\$1.00

5b: Each dollar expended by the Department (FY 2000 – FY 2003), including federal Medicaid funds drawn by the CMHCs, generated services to Mississippians in the following proportions:

	FY 2003	FY 2002	FY 2001	FY 2000
Mental Health - Institutional	\$0.31	\$0.34	\$0.34	\$0.34
Mental Retardation - Institutional	\$0.27	\$0.30	\$0.31	\$0.30
Mental Health - Community	\$0.21	\$0.16	\$0.16	\$0.16
Mental Retardation - Community	\$0.17	\$0.15	\$0.14	\$0.15
Alcohol and Drug - Community	\$0.03	\$0.04	\$0.04	\$0.04
Subtotal	\$0.99	\$0.99	\$0.99	\$0.99
Administration	\$0.01	\$0.01	\$0.01	\$0.01
Total	\$1.00	\$1.00	\$1.00	\$1.00

Human Resources

A total of 10,855 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 2003. The total number of authorized positions in full-time equivalents (FTEs) for FY 2003 was 10,807. (See Table 6 on next page.) Funds appropriated to the Department of Mental Health for personnel for FY 2003 were sufficient to pay for approximately 81% or 8,793 of its authorized positions.

Table 6: Mississippi Department of Mental Health Authorized Positions, Fiscal Year 2003

	Permanent			Time Limited			Grand Total
	Full Time	Part Time	Total	Full Time	Part Time	Total	
Comprehensive Regional Psychiatric Facilities:							
Central Mississippi Residential Center	132	0	132	14	0	14	146
East Mississippi State Hospital	1,343	6	1,349	121	0	121	1,470
Mississippi State Hospital	2,831	11	2,842	220	0	220	3,062
North Mississippi State Hospital	185	0	185	4	0	4	189
South Mississippi State Hospital	156	0	156	1	0	1	157
Specialized Treatment Facility	85	0	85	0	0	0	85
Subtotal	4,732	17	4,749	360	0	360	5,109
Comprehensive Regional Retardation Facilities:							
Boswell Regional Center	507	3	510	85	2	87	597
Ellisville State School	1,343	6	1,349	121	0	121	1,470
Hudspeth Regional Center	1,596	32	1,628	43	0	43	1,671
Juvenile Rehabilitation Facility	118	0	118	10	0	10	128
North Mississippi Regional Center	927	12	939	100	13	113	1,052
South Mississippi Regional Center	602	8	610	101	4	105	715
Subtotal	5,093	61	5,154	460	19	479	5,633
Central Office (includes 3% alcohol tax)	89	0	89	24	0	24	113
Grand Total, Authorized	9,914	78	9,992	844	19	863	10,855
Grand Total, Funded							8,793
Full time equivalents (all of full time and half of part time), authorized							10,807

Legislative Initiatives in FY 2003

(1) Fingerprinting

HB 738: This legislation authorized community mental health centers to fingerprint and to conduct criminal history checks.

HB 739: This legislation allows the State Board of Mental Health to fingerprint all employees and volunteers.

(2) Leasing

HB 740: This legislation clarified the authority of the State Board of Mental Health to enter into leases with state and federal agencies.

(3) Educational Leave

HB 1434: This legislation provides that all Department of Mental Health facilities and all community mental health centers may utilize the educational leave program, that educational leave default is not affected by bankruptcy, and for loss of professional license for those who default on their educational leave agreement.

New Department of Mental Health Facilities Update

Update as of December, 2003

The State Legislature and the Governor 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:

Central MS Residential Center

Renovation of the former Clarke College property in Newton, MS, continued in FY 2003. In the fall of 2003, four, 12-bed personal care homes located on the CMRC campus were opened. CMRC continued to operate Footprints, an adult day services program for persons with Alzheimer's disease and other dementia, which is located near the main campus. Footprints serves persons from a nine-county area. CMRC will also operate a Crisis Intervention Center, which is located on approximately 136 acres across from the main campus, off of Highway 80 in Newton.

Crisis Centers

- The 1999 State Legislature authorized construction of seven community-based crisis centers, which were planned for Corinth, Newton, Grenada, Laurel, Cleveland, Brookhaven and Batesville. In FY 2003, the first crisis center, located in Corinth and administered by the North MS State Hospital (in Tupelo), continued to operate at partial capacity for most of the year, because of funding constraints. By the fall of 2003, however, the center was operating additional beds. As of December, 2003, construction of five of the remaining centers (in Newton, Laurel, Batesville, Cleveland, and Grenada) was completed or nearing completion. Opening of the remaining centers remained contingent upon availability of operational funds in December, 2003. As of December 2004, the Corinth Center was fully operational, and the other five centers (above) were all open at half capacity.

For Children/Adolescents:

Treatment Facilities, East MS State Hospital

- 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, was completed, and youth were transferred to the new unit in July, 2002 (beginning of FY 2003). The new facility, named the Bradley A. Sanders Adolescent Complex, is located near, but off of the main campus for adults, behind the MS State University annex in Meridian.
- Funds were granted for pre-planning only, which began in FY 1996 and was completed in FY 1999, for a 75-bed, long-term psychiatric residential treatment center for adolescents to be operated by East Mississippi State Hospital in Meridian, MS. Additional funds have been requested of the MS Legislature for construction and operation of this facility; however, as of December, 2003, these funds were not available.

Specialized Treatment Facilities for Youth

Funding was granted for construction of two 48-bed specialized treatment units for youth, one for youth with mental retardation and one for youth with mental illness, who meet commitment criteria and whose behavior makes it necessary for their treatment to be provided in a specialized treatment facility. The Juvenile Rehabilitation Facility for youth with mental retardation in Brookhaven is operational. Construction of the Specialized Treatment Facility for Emotionally Disturbed Youth, located in Harrison County, is complete; opening of the facility for treatment of youth remained contingent on availability of funding as of December, 2003, which was appropriated in 2004 to open the facility at half capacity.

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.

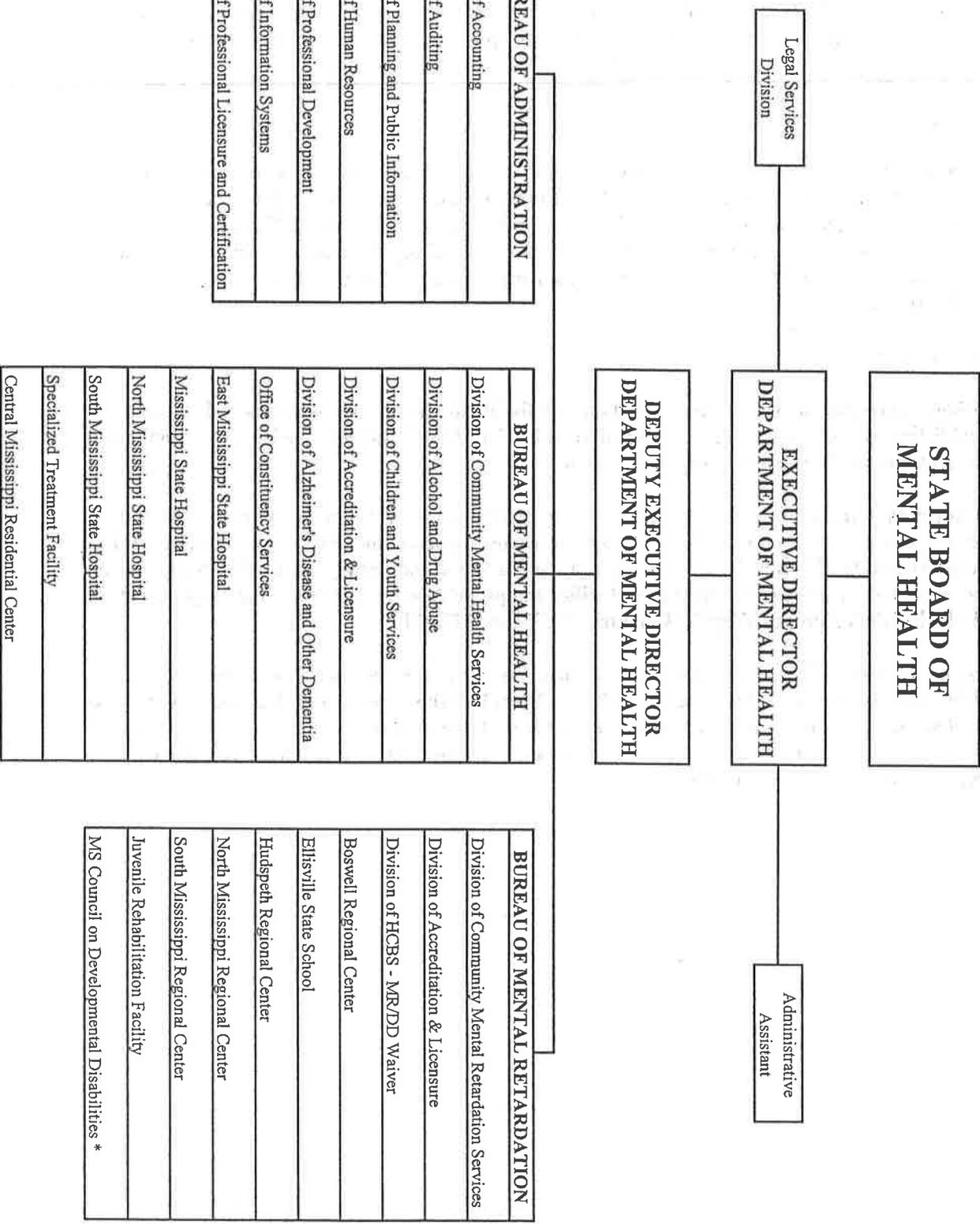
State Central Office

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 for 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 and Alzheimer's disease and other dementia services) and the Bureau of Mental Retardation.** The organization of and accomplishments made in areas of service delivery and administration through these bureaus are summarized in the next three sections of this report.

MISSISSIPPI DEPARTMENT OF MENTAL HEALTH



BUREAU OF ADMINISTRATION
Division of Accounting
Division of Auditing
Division of Planning and Public Information
Division of Human Resources
Division of Professional Development
Division of Information Systems
Division of Professional Licensure and Certification

EXECUTIVE DIRECTOR DEPARTMENT OF MENTAL HEALTH
DEPUTY EXECUTIVE DIRECTOR DEPARTMENT OF MENTAL HEALTH

BUREAU OF MENTAL HEALTH
Division of Community Mental Health Services
Division of Alcohol and Drug Abuse
Division of Children and Youth Services
Division of Accreditation & Licensure
Division of Alzheimer's Disease and Other Dementia
Office of Constituency Services
East Mississippi State Hospital
Mississippi State Hospital
North Mississippi State Hospital
South Mississippi State Hospital
Specialized Treatment Facility
Central Mississippi Residential Center

BUREAU OF MENTAL RETARDATION
Division of Community Mental Retardation Services
Division of Accreditation & Licensure
Division of HCBS - MR/DD Waiver
Boswell Regional Center
Ellisville State School
Hudspeth Regional Center
North Mississippi Regional Center
South Mississippi Regional Center
Juvenile Rehabilitation Facility
M/S Council on Developmental Disabilities *

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

ACCOMPLISHMENTS AND SERVICE HIGHLIGHTS IN FY 2003 BUREAU OF ADMINISTRATION

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 provided the following services and made the described accomplishments through its divisions in FY 2003:

Accounting/Auditing

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.

All subrecipient grants were audited for the fiscal year ending June 30, 2002, and September 30, 2003, with notices of deficiency issued and funds recovered when applicable. Medicaid funding of Community Mental Health/Mental Retardation Centers also was subjected to audit, with appropriate recoveries.

Monthly payments were processed for 796 subrecipients covering 585 grants.

The Bureau worked closely with the Executive Director and Deputy 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

The Division of Information Systems provides data processing support to the Department of Mental Health Central Office and is responsible for strategic information systems planning in the DMH. In addition, the Director of the Division works with community mental health centers on implementing systems to collect/report data required by DMH and federal funding sources. In FY 2003, accomplishments on activities to improve information management continued as follows:

In FY 2003, the DMH continued to utilize federal funding made available through the Data Infrastructure Grant (DIG), which is designed to assist states in developing the capacity to provide State Uniform Reporting (URS) Data Tables as part of the required annual *State Plan Implementation Report*. As part of DIG activities, the staff of Information Systems and Planning worked with the state CMHC common data systems group. Since 14 of the 15 community mental health centers (CMHCs) use software from a single vendor and adhere to a common set of data standards, the DMH contracted to have developed a report program that generated the URS tables for these sites for FY 2003.

The DMH Division of Information Systems and/or the Division of Planning staff have participated in DIG conference calls related to the state Data Infrastructure Grant. The DMH Information Systems staff also continued to work with the members of the CMHC common data systems group on data related issues. The Division of Information Systems also worked with the software vendor and the CMHCs on activities related to implementation of software upgrades necessary for submission of HIPAA-compliant

transactions. DMH staff have been attending both intra-agency and interagency meetings related to continued compliance with HIPAA privacy standards and implementation of HIPAA security standards. In FY 2003, MS State Hospital became the third of four psychiatric hospitals to become operational on the Uni/Care client data system. Through grant funding, MSH contracted to develop a series of reports in Crystal Reports, utilizing the Uni/Care client data system. DMH supported development of these reports, which were used to generate the URS tables requested by the federal CMHS.

Also in FY 2003, DMH continued tracking of data related to the six Government Performance Results Act (GPRA) performance measures, as requested by CMHS and reported in FY 2002. Division of Information Systems and Division of Planning staff continued to follow further definition/refinement of recommended federal performance measures through DIG conference calls/other meetings. As these performance measures are finalized, work will continue to adapt local and state systems to collect data for these measures.

Planning and Public Information

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.

In FY 2003, 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. Examples of those activities included:

Continued coordination and support of ongoing community mental health state planning and reporting activities in accordance with applicable federal state planning laws, including providing technical support to the Mississippi State Mental Health Planning Council, the advisory committee that works with Department of Mental Health staff to identify service needs and to provide input into and to review and monitor implementation of objectives in the Mississippi State Mental Health Plan for Community Mental Health Services for Children with Serious Emotional Disturbance and Adults 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, reports on implementation of state plan objectives and work of the related task forces;
- providing administrative support for Council meetings through preparation and 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.

- Work 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 for Children with Serious Emotional Disturbance and Adults with Serious Mental Illness*, FY 2003. 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 2002 meeting. The FY 2003 State Plan was submitted as part of the state's application for FY 2003 federal mental health (CMHS) block grant funds by the September 1, 2002, deadline.
- Compilation and editing of information to complete the FY 2002 State Plan Implementation Report, which describes progress on implementation of objectives in the FY 2001 State Plan. This report was submitted to the Center for Mental Health Services (CMHS) by the December 1, 2002, deadline as part of the FY 2003 CMHS Block Grant Application.
- Dissemination for Council review of modifications during the year to the FY 2002 State Plan, including those reflecting use of an increase to FY 2002 Block Grant funds.
- Initiation of the process for obtaining Council input into and drafting of the Plan for FY 2003, and dissemination of the draft plan for public review/comment and submission of the final plan for Board and federal Center for Mental Health Services approval.
- Continued administrative support to Council committees, including the Children's Services Task Force, the Consumer Rights Committee, and the Continuity of Care Committee (established by the Department of Mental Health but included in State Plan objectives).
- Work with the Center for Mental Health Services (CMHS) and its contract staff to coordinate a three-day federal on-site monitoring visit to review administration of the CMHS Block Grant program in Mississippi; this work included scheduling of meetings among monitors with state and local program staff and MS State Mental Health Planning Council members, as well as preparing documents related to the review process.

The Division also provided assistance as requested by the Division of Alcohol and Drug Abuse in drafting and disseminating for public review/comment the Mississippi Department of *Mental Health State Plan for Alcohol and Drug Abuse Services*, FY 2003.

The Division coordinated the collection of information for, and preparation and dissemination of the *FY 2002 Annual Report* for the MS Department of Mental Health.

The Division compiled and presented the 2002 Human Rights Advocacy Committee Reports to the State Board of Mental Health.

The Division coordinated written public information materials, including the Department of Mental Health's newsletter, *Mississippi Profile*, and the agency's factbook, *About the Department of Mental Health*. The Division also assisted the Division of Community Services with the dissemination of a brochure that describes case management services and maintained the Department of Mental Health's web site.

The Division prepared directly or coordinated preparation of responses to inquiries for public information, including requests from the media, through the Department. These activities included requests for Department of Mental Health State Plans and reports, newsletters, factbooks, case management

brochures, responses to surveys, questionnaires, written/telephone inquiries, as well as preparation of special reports and dissemination of public awareness/education materials.

The Division Director also coordinated an agency HIPAA workgroup to assist Department of Mental Health facilities in complying with the Health Insurance Portability and Accountability Act (HIPAA) and participated in meetings of a HIPAA state agency workgroup (coordinated by MS Information Technology Services) comprised of representatives from other state agencies.

Human Resources

In FY 2003, the Division of Human Resources continued working with the Mississippi State Personnel Board on a long-range project involving revamping the entire personnel system for the State of Mississippi. The Director of Human Resources served on several committees which reviewed such issues as "behavioral interviewing" continuing the study of "competency-based" job descriptions, and developing specific competencies for the Personnel Officer series. The Director of Human Resources served on the Professional Development Review Committee which approves benchmark awards and the percentage allowed for the benchmark. All of the DMH Certification programs have been approved for 5% benchmarks.

The DMH Division of Human Resources was involved in a project with the State Personnel Board and a private consulting group to arrive at solutions to the critical loss of experienced employees and the lack of younger employees who are prepared to move into management roles. The Department of Mental Health plans to enter into a formal training program for developing future mid and upper level managers to replace the large number of persons who are currently eligible for retirement.

Type/Duty/Location pay for nurses was continued for all facilities which had been previously approved in FY 2002. Plans to request that the Personnel Board allow each facility to set its own Type/Duty/Location pay were discussed with a focus group consisting of members of DMH Human Resource Departments, nurse administrators and the Director of Human Resources.

The Division of Human Resources worked with the State Personnel Board to exempt titles from SPB selection process which require licensure by external licensing or regulating authorities. A number of titles have been exempted. The process is on-going.

The Division of Human Resources worked with DMH facilities in implementing the reallocation of the Secretarial series to the Administrative Assistant series as recommended by SPB.

The Division of Human Resources worked with the directors of facilities in developing the 2004 personal services budget request. The Division of Human Resources assisted in the coordination of consistent staffing patterns for the proposed crisis intervention centers to be administered by North and South Mississippi State Hospitals, Mississippi State Hospital, and Central Mississippi Residential Facility.

The Director, Division of Human Resources continued to serve as a member of the State Personnel Advisory Council which assists the State Personnel Director in developing and implementing policy relevant to agency personnel needs. The Division of Human Resources continued to assist all facilities administered by the Department of Mental Health in the processing of any requests outside the normal budget process including realignment, reallocation and recruitment flexibility.

Professional Development

The Division of Professional Development is responsible for promoting mental health training opportunities throughout the state, coordinating special objects in manpower development and recruitment of staff. The Division also provides consultation to all staff development offices at state facilities and community mental health centers on curriculum development and training issues.

In FY 2003, the Division of Professional Development produced and distributed two newsletters of Library Acquisition Listings (approximately 300 copies each) in November, 2002, and April 2003. A yearly bibliography was mailed in January, 2003 (approximately 200 copies). The major audiences targeted include: directors and staff development directors of DMH 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.

The Division of Professional Development functioned as the continuing education mediator between many mental health entities and the following professional organizations: Nursing Home Administrators, Certified Public Managers Program, Commission on Rehabilitation Counselors, Commission of Case Managers, Jackson State University (for educators' licenses) and the Mississippi Department of Education (for administrators' licenses), the American Therapeutic Recreation Association, and the Mississippi Medical Association. The Division continued to pursue approved provider status from various professional credentialing agencies that are represented within the Department staff. The Division of Professional Licensure and Certification worked closely with the Division of Professional Development to approve credit for the Departments' Mental Health/Mental Retardation Therapist and Administrators.

In FY 2003, the Division provided over 9688 contact hours of continuing education through 37 seminars and workshops. The Division encouraged facilities to offer in house workshops for credit and facilitated the process. The Division administered the continuing education approval process through its advisory board and subcommittees for the American Psychological Association, National Association of Alcohol and Drug Abuse Counselors, National Board of Certified Counselors, Marriage and Family Therapists through the Mississippi Board of Examiners for Social Workers and Marriage and Family Therapists, social work through the Association of Social Work Boards, and nursing through the Mississippi Nurses Foundation. The Division completed its self-study and again earned re-approval with full provider status from the American Psychological Association and the Mississippi Nurses Foundation.

Division staff served on numerous planning committees for annual conferences such as the Joint Conference of the MS AAMR and MS MH/MR Council, Psychiatric Disorders in the Elderly Conference, Mental Health Community Conference, Co-Occurring Disorders Conference and the Elderly Mental Retardation Conference. The Division also assisted outside agencies in providing continuing education credit applicable to mental health providers such as the Mississippi Association of Alcohol and Drug Abuse Counselors, St. Dominic Behavioral Health Services, Delta State University Counseling Center, the Autism Association, the Institute for Disability Studies and University Affiliated Programs at the University of Southern Mississippi, the Mississippi Pain Society, the Alzheimer Foundation of the South (Mississippi Chapter), the National Association on Mental Illness (NAMI) – Mississippi Chapter, the Primary Health Care Association, and the Crime Victims Compensation Program.

The Division continues to refine the computerized database program which tracks training records for all DMH facilities and the Central Office. The program enables the Division to provide statewide cumulative data on numbers of individuals trained, types of training, and other pertinent demographic

information. Working closely with Department facilities, new dimensions have been added to this database which will better record training conducted throughout the Department.

Professional Licensure and Certification

The Division of Professional Licensure and Certification (PLACE) is responsible for developing and implementing licensure and certification programs for categories of professionals who are employed within the state mental health system (i.e., the network of programs in the State of Mississippi which receive funding or programmatic certification from the Mississippi Department of Mental Health). The Division of Professional Licensure and Certification currently administers three Department of Mental Health professional certification/licensure programs: the Mental Retardation Therapist Program; the Mental Health Therapist Program; and, the Licensed Mental Health/Mental Retardation Administrator Program.

Within the Mental Health and Mental Retardation Therapist credentialing programs, there are three levels of certification and licensure: provisional certification, certification, and licensure. As of June 30, 2003, approximately 348 individuals had earned a credential as either a Provisionally Certified Mental Retardation Therapist (PCMRT), a Certified Mental Retardation Therapist (CMRT) or a Licensed Clinical Mental Retardation Therapist (LCMRT); and, approximately 927 individuals had earned a credential as either a Provisionally Certified Mental Health Therapist (PCMHT), a Certified Mental Health Therapist (CMHT) or a Licensed Clinical Mental Health Therapist (LCMHT).

In FY 1999, the Division of PLACE began the examination development and standardization program for the Licensed Mental Health/Mental Retardation Administrator (LMH/MRA) program. All six of the written examinations required for this credentialing program had been developed and standardized as of June 30, 2002. (Seven examinations for the LMH/MRA program were originally planned; however during FY 2002, the Mississippi State Board of Mental Health approved combining the remaining two exams to be developed into one.) By the end of FY 2003, approximately 64 individuals had been admitted into the LMH/MRA program; Of these, 40 completed all LMH/MRA licensure requirements and subsequently received LMH/MRA licenses by the end of the fiscal year.

Other important tasks accomplished by the Division of PLACE in FY 2003 included the following:

During FY 2003, MR-CTP Module I was piloted on one occasion, with 10 individuals attending. After piloting MR-CTP Module I on three occasions (twice in FY 2002 and once in FY 2003), the piloting phase of MR-CTP Module I was concluded. During FY 2004, the Division of PLACE plans to offer MR-CTP Module I in the final form. Also during FY 2003, MH-CTP Module I was offered in the final form on two occasions, with 85 individuals, collectively, in attendance. Also, during FY 2003, MH-CTP Module II was piloted on three occasions, with 132 individuals, collectively, in attendance. After piloting MH-CTP Module II on three occasions in FY 2003, the piloting phase of MH-CTP Module II was concluded. During FY 2004, the Division of PLACE plans to begin offering MH-CTP Module II in the final form.

During FY 2003, the Division completed the following other tasks: continued development of a Department of Mental Health case management certification program and, completed the biennial renewal process for approximately 224 Mental Retardation Therapists. Additionally, at the request of various individuals and programs, PLACE staff distributed approximately 310 application booklets for Department of Mental Health professional certification and licensure programs.

ACCOMPLISHMENTS AND SERVICE HIGHLIGHTS THROUGH THE BUREAU OF MENTAL HEALTH IN FY 2003

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, as well as persons with Alzheimer's disease/other dementia (as specified in State statute). The Bureau of Mental Health provides a variety of community and hospital-based services through its divisions/office and state psychiatric facilities.

The Bureau of Mental Health oversees the four state psychiatric facilities, Mississippi State Hospital, East Mississippi State Hospital, North Mississippi State Hospital, and South Mississippi State Hospital, and the following divisions that are involved primarily with community services offered through the Department. This section of the annual report describes accomplishments made in Fiscal Year 2003 through these divisions and facilities.

Community Program Monitoring and Certification

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 DMH 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 auditing 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; and,
- Coordinating the peer review/quality assurance teams, 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.

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 state psychiatric hospitals and state regional facilities for persons with developmental disabilities. (See Overview of the Service System, pp. 8-15 of this report). The certification process consists of reviewing all of the service and 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 conducted, 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 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, rights of individuals receiving services, confidentiality, case records management, medication control, transportation 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 services.

Following a certification review, if a provider 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 makes follow-up visits to ensure that programs with deficiencies have implemented the approved plans to correct those deficiencies. A review/follow-up visit is conducted 45-90 days after the plan of correction has been approved to ensure continued compliance.

During Fiscal Year 2003, the Department of Mental Health staff conducted a total of 49 certification reviews for compliance with state standards in the following service areas:

- Division of Children and Youth (mental health) 39
- Division of Alcohol and Drug Abuse 53
- Division of Community Mental Retardation Services 34
- Division of Community (Mental Health) Services 18

Total 144

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 case records review, the human services portion of the program, including environment, clients' rights, confidentiality, and case records management are 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 2003, Department of Mental Health staff conducted a total of 93 record monitoring and site reviews in the following service areas:

- Division of Children and Youth (mental health) 37
- Division of Alcohol and Drug Abuse 18
- Division of Community Mental Retardation Services 23
- Division of Community (Mental Health) Services 16

Total 94

Minimum Standards

During FY 2003, revisions to the *Department of Mental Health Minimum Standards for Community Mental Health/Mental Retardation Services* completed and approved by the State Board of Mental Health were implemented beginning (July 1, 2002). The Division of Licensure and Accreditation for Mental Health coordinated site reviews of implementation of the revised standards throughout the year.

Office of Constituency Services

In FY 2003, the Office of Constituency Services (OCS) continued tracking the nature and frequency of calls to the toll-free helpline via the information and reporting mechanisms included in the system software, producing and disseminating four reports and an annual report. Reports of calls to the helpline (deleting all confidential information) are distributed regularly to the DMH Central Office management staff and the OCS Advisory Council. The reports indicate the number of referrals, calls for information and investigations of different levels of complaints by provider. OCS continued to investigate and attempt to resolve complaints through established formal and informal procedures. OCS also was available to provide training on *DMH Minimum Standards* pertaining to the grievance process, using training modules developed by the office. OCS continued to meet semi-annually (as approved by the Board of Mental Health) with the OCS Advisory Council; they also met regularly or sent updates to the Consumer Rights Committee of the MS State Mental Health Planning Council and the Advocacy Coalition of NAMI-MS.

Additionally, OCS continues to publish, distribute and update the "Directory on Disk" program to all DMH facilities and community mental health centers, as well as DMH Central Office staff. This directory gives service providers access to basic program/service information for over 2000 programs and support groups statewide. OCS is also in the process of providing all DMH certified private/non-profit service providers with a read-only computer disk of the (provider) information database for use in their programs. This distribution and training are ongoing. OCS continues to update and include new programs in the statewide database used for information and referral. DMH purchased upgraded software for the computerized information and referral system. This upgrade will allow for more detailed and user-defined reporting, as well as the capacity for case management tracking and web-based information directories. These two features are not yet in use, but will be in the future. Additionally, helpline operators participated in training on handling suicide and other crisis calls.

Division of Alzheimer's Disease and Other Dementia

The Division of Alzheimer's Disease and Other Dementia is responsible for 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 Division is overseeing the development of adult day programs for these individuals and develops educational and training programs for family members, caregivers and service providers. In addition to the Central Office in Jackson, the Division has satellite offices in Hattiesburg and Long Beach.

During FY 2003, the Division of Alzheimer's Disease and Other Dementia continued funding of two adult day programs, Footprints Adult Day Services in Newton, MS and Garden Park Adult Day Program in Greenwood, MS. In August of 2002, the Department of Mental Health, Division of Alzheimer's Disease and other Dementia sponsored the third annual conference on Alzheimer's Disease and Psychiatric Disorders in the Elderly, a three-day conference attended by professionals, students, caregivers and family members. During 2003, the staff of the Division of Alzheimer's Disease began updating a training curriculum for education of caregivers and provided training throughout the state. In addition, the DMH Division of Alzheimer's Disease/Other Dementia began working with local communities to implement a grant from the federal Administration on Aging, the purpose of which is to expand home and community-based services, including volunteer respite programs in rural areas.

COMMUNITY MENTAL HEALTH SERVICES

Public community mental health services are provided through a statewide network of providers that includes the 15 regional community mental health/mental retardation centers, nonprofit agencies/organizations, and the community services divisions of the state-operated psychiatric facilities, currently including MS State Hospital, East MS State Hospital and North MS State Hospital. 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, pp. 8-15 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 Services for Children with Serious Emotional Disturbance and Adults with Serious Mental Illness, FY 2003*. 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 also Bureau of Administration, Division of Planning and Public Information, pp. 26-28 of this report.)

**Program Description and Service Highlights/Progress in FY 2003
Community Mental Health Services for Adults**

Core Services

In FY 2003, a total of 59,032 adults received services through the public community mental health system, including the regional community mental health centers and the community services divisions of the state psychiatric hospitals. Of these, 48,653 were adults with mental illness, and 44,912 had a serious mental illness.

Table 7: FY 2003 Selected Service Data Community Mental Health Services for Adults with Serious Mental Illness	
Service	Number Served
Total Adults with Serious Mental Illness Served	44,912
Outpatient Individual, Group, Family Therapy	38,525
Medication Evaluation/Monitoring	33,304
Case Management	17,206
Psychosocial Rehabilitation (Clubhouse)	4865
Transitional Employment	289
Supported Employment	30
Group Homes	391
Intensive Residential Treatment	513

Outpatient Services

Outpatient services include 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; psychosocial rehabilitation; medication evaluation and monitoring; and, advocacy.

Psychosocial Rehabilitation

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 both brief and indefinite periods, based on the needs of the individual.

In FY 2003, 16 psychosocial rehabilitation programs were continued. Statewide, within these 16 programs were 62 clubhouse sites, through which a total of 4,865 individuals were served during the year. Also in FY 2003, the Clubhouse Task Force met six times. (1) The Clubhouse Coalition continued to review the validity of proposed performance outcome measures and their applicability to ICCD certification. (2) The objectives and previous decisions regarding membership of the Coalition were reviewed. (3) The Coalition met with Department of Rehabilitation Services staff to discuss working with the Coalition to design an employment development training program for clubhouse staff. Upon recommendation by the Coalition, Housing and Urban Development representatives and Department of Rehabilitation Services representatives spoke at the 2003 Statewide Mental Health Community Conference.

Transitional Employment/Supported Employment Services

In FY 2003, DMH made funds available to facilitate clubhouse programs to participate in clubhouse training at an ICCD-certified site. Three clubhouse programs participated in the three-week training at Gateway House in Greenville, SC. One clubhouse (in Greenwood, MS) program is ICCD certified, and a second clubhouse (in Greenville, MS) is seeking ICCD certification. Gateway House staff continued to provide technical assistance to program staff trained at their program. Additional technical assistance will be available to MS Clubhouse membership/staff at the national ICCD conference in October, 2003. In FY 2003, one clubhouse program participated in a one-week Transitional Employment Training at Gateway House. Additionally, representatives from Gateway House conducted a Transitional Employment Training at the Statewide Mental Health Community Conference, held in Jackson, MS, in May of 2003.

Also, the CMHC's and the Community Services Divisions of the two larger state hospitals continued linkages with a variety of agencies in local communities to access employment, vocational rehabilitation, and educational services.

Case Management

Case Management is a system designed to facilitate access to services for individuals who meet the criteria for 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. In FY 2003, 17,206 adults with serious mental illness received case management services; there were 427 adults services case managers statewide.

In FY 2003, providers continued to be required by the *MS Department of Mental Health 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 that is completed at least 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 Department of Mental Health evaluated the implementation of this requirement during the annual certification/site visit process. In FY 2003, 100% of the records reviewed reflected that consumers receiving substantial public assistance had case management explained, offered and any of the service indicated placed in writing.

In FY 2003, all 15 community mental health centers continued to receive CMHS Block Grant funding from DMH for intensive case management programs. In FY 2003, the Case Management Task Force met on October 15, 2002, and September 30, 2003. Due to the task force chairman's extended illness, the committee was only able to meet twice. Technical assistance, however, continued to be available. In December, 2002, two of the members of the Case Management Task Force (from Region 1 CMHC and EMSH Community Services) traveled to Region 4 CMHC and provided inservice training for administrators, case managers, and the case management supervisors regarding program implementation, procedures, policy development and documentation system flow. DMH Division of Community Services staff was also on hand to monitor and support the training. Focus of the work/activities of the Case Management Task Force in FY 2003 was on the following projects:

- Presentation of an overview of the "Home of Your Own Program," sponsored by the Institute of Disability Studies at the University of Southern MS and provided by the Case Management Supervisor at Region 7 Community Counseling Services. The presentation focused on the goals of Empowering individuals with disabilities to achieve owning and maintaining their own homes, with emphasis on the availability of assistance for consumers from the MS Homebuyer Education program.
- Presentation of an overview of the MS HIV Rural Area Network, including its mission, objectives, availability of services and resources, location of regional offices, and contact persons. This information, which also included additional training dates and topics related to serving individuals with HIV/AIDS, was provided by the DMH Division of Community Services staff person who oversees case management and who also serves on the MS Department of Health's HIV/AIDS Planning Council.
- Work on revision of the DMH Case Management Guidelines related to revised standards promulgated by the DMH and the Division of Medicaid.
- Presentation of an inservice training session that focused on the functional components of case management, the goals and objectives of the case management system in MS, benefits and justification of case management services, and specific duties of case managers.
- Continued work by a subcommittee of the task force on the development of a training video on establishing the consumer-case manager relationship. This project is nearing completion.
- Development of a form for monthly tracking of performance indicators associated with intensive case management.
- Development of a partnership with the Partners to End Homelessness Coalition to facilitate training of case managers working for programs that serve individuals who are homeless.

- Revision of the DMH Case Management Orientation program to include a presentation by the DMH Audit Division on appropriate billing procedures and documentation and a presentation on the relationship between the state DMH and the local CMHC's.

In FY 2003, the Case Management Brochure was updated, and 4,250 case management brochures were distributed to each of the 15 CMHCs and to MSH and EMSH Community Services Division.

Pre-Evaluation Screening and Evaluation for Civil Commitment

The pre-evaluation screening and evaluation for civil commitment process determines the need for possible hospitalization by civil commitment and provides for assessing, planning, and linkage of 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 admission 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. This service continued during FY 2003 and was provided through all 15 CMHCs. DMH also continued to make available training to CMHC staff conducting pre-evaluation screening. (See training section that follows.)

Inpatient Referral

Inpatient referral services provide access to inpatient services in the individual's community when appropriate. In FY 2003, all 15 CMHCs continued to make this service available to adults with serious mental illness.

Emergency Services

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. In FY 2003, each regional community mental health center submitted to the DMH a copy of their policies and procedures that address the provision of 24 hour a day, 7 day a week emergency/crisis services.

Family Education and Support

Family Education and Support programs provide positive support for families whose members have long-term serious mental illness and establish linkages with services. The DMH Division of Community Services adopted the Family-to-Family education program, which is conducted by family members, for implementation of the community mental health system's family education component in FY 2000. In FY 2003, a total of 51 Family to Family classes were conducted, in which 469 educational contacts were made with family members. These classes were held in community mental health regions 2, 9, 10, 11, 12 and 15. During the grant period, there were a total of 162 support groups, in which 1,253 contacts were made. The support groups have met in regions 2, 6, 8, 9, 10, 11, 12, 14 and 15. . A Family to Family Facilitator training was held in May, 2003; individuals from regions 3, 4, 8, 9, 11, 12, and 15 were trained to start new Family to Family Education classes. A total of 13 people were trained as facilitators.

Provider Education Program

In FY 2003, NAMI-MS also initiated the NAMI Provider Education Program in Mississippi. This is a 30-hour course in mental illness education and consumer/provider/family collaboration skills for line staff at public mental health agencies. A "Training of Trainers" session was held in March, 2003, which 19 individuals attended. Individuals from Regions 2, 3, 6, 8, 9, 10, 11, 12, 13 and 15, including participants from state inpatient and CMHC programs, as well as families and consumers from those communities, attended this session. Since the March Train-the-Trainer session, six provider training sessions have been held: Region 13, Gulf Coast Mental Health Center (45 providers trained in two sessions); Region 15, Warren-Yazoo Mental Health Services (11 CMHCs and six DMH Central Office staff trained); Region 6, LifeHelp (21 providers trained); East MS State Hospital (27 providers trained); and South MS State Hospital (11 providers trained). The five-member training groups include two consumers, two family members and a mental health professional who is also a family member or consumer. The NAMI Provider Education Program will be provided at all DMH facilities and will be offered to all CMHCs.

Consumer Education and Support

The Consumer Education and Support Program provides positive support for consumers with long-term serious mental illness and establishes linkages with services the consumer might need. In FY 2003, a total of six BRIDGES consumer education courses were provided in Regions 2, 8 (two classes), 12, and 13 (two classes). The classes served 58 individuals. A total of nine consumer support groups were available in Regions 2, 5 (three support groups), 9, 12, 13 (two support groups), and 15; these groups served 263 individuals. In March 2003, BRIDGES training was made available to all 15 community mental health center regions for class educators and support group facilitators. Thirteen individuals from Regions 4, 9, 11, 13 and 14 participated in the training.

In FY 2003 funding was made available to provide educational opportunities for participants of the Annual Statewide Mental Health Community Conference. The Conference was attended by more than 1,000 consumers of mental health services, mental health professionals and interested stakeholders. Materials were purchased for consumers who attended workshops on journal writing, art therapy, healthy eating, and biblio therapy. Materials included journals and art supplies. Additionally, mental health and health-related books were purchased, and individuals can check out books through the Mental Health Association of the Capital Area.

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, 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.

In FY 2003, the number of groups homes increased from 24 to 25 EMSH opened an additional group home. A total of 391 individuals with serious mental illness were served through the 261 beds available in these homes. In FY 2003, there continued to be 35 beds in three transitional living facilities, which are located in Greenwood (Region 6); Jackson (MSH Community Services); and Meridian (EMSH Community Services). In FY 2003, a total of 109 individuals with serious mental illness were served in the three programs. In FY 2003, the DMH Division of Community Services reviewed the classification of existing supervised housing beds, which resulted in reclassification of some beds. A total of 177 beds were available in FY 2003, serving 195 individuals. Supervised housing continued to be offered in seven regions and at MSH.

In FY 2003, the Department of Mental Health established a Housing Issues Task Force for development of a comprehensive strategy for developing resources for expansion of housing. The Housing Issues Task Force held a kick off meeting on March, 2003, at which time several staff from the Department of Mental Health met with the MS State Mental Health Planning Council representative for housing, who works in the Mississippi Development Authority. The team discussed the direction of the task force, and the representative provided important contacts and other information that dealt with housing issues. Since that time, the goal of the task force continues to be involving a broader scope of professionals in planning efforts. Contacts are being made with professionals within and outside of the state to collect information about strategies other states are using to address their housing issues.

On July 30 through August 1, 2003, DMH staff attended the 2003 MS Housing Summit, at which additional individuals, including some from independent agencies, were recruited to serve on the Housing Issues Task Force. DMH staff also met with a grant-writing instructor and local providers to gain additional information on potentially available grant funding sources.

On August 5, 2003, DMH staff attended the MISSION Links meeting, where the goal of locating new funding sources was discussed. MISSION Links is an alliance of emergency and transitional shelter operators and mental health service providers, which was created in 2002, based on the need expressed by Jackson area shelter operators for assistance in serving homeless individuals with mental illness who use their facilities. The alliance is comprised of about 20 local agencies, shelters, secondary treatment programs, hospitals and mental health programs. On August 8, 2003, DMH staff presented to the Planning Council the status and approach of the Housing Issues Task Force. DMH staff also discussed the status and approach of the task force on August 19, August 25, September 12, and September 18 with the Partners to End Homelessness Committee, the Continuity of Care Committee, the Coordinator of Adult Services from the University of Southern Mississippi Institute

for Disability Studies, and the Gulf Coast Open Doors Continuum of Care Committee, respectively. The Director of Policy with the National Coalition for Homeless from Washington, D.C. was present at the last meeting listed. The Bureau Chief of Mental Health also received a report of the above activities.

Other Housing/Housing Assistance

The Mississippi Department of Mental Health and local providers have continued efforts to support further development of housing options for individuals with serious mental illness.

Community mental health service providers also continued efforts at the local level to access and/or expand community housing options for individuals with serious mental illness. Region 4 CMHC was involved with four HUD-funded apartment projects: one 18-apartment complex opened in Corinth in April 2003; individuals began moving in a second 18-apartment complex in Ripley in October, 2003; a third 18-apartment project is under construction in Iuka; and, an application for a 13-apartment project has been submitted to HUD for a complex in Booneville, MS. Additionally, in Region 11, an 18-apartment HUD-funded complex was under construction in Gloster, MS.

As in previous years, the MS Department of Mental Health has continued efforts to support and facilitate individuals' obtaining and maintaining housing. Objectives addressing expansion of housing for individuals with serious mental illness were included in the *Mississippi Access to Care (MAC) Plan*, for which funding continues to be requested. The Mississippi Department of Mental Health also continued its collaborative efforts with the MS Development Authority, which develops the state's plan for housing, and has held a preliminary meeting with that agency's representative on the MS State Mental Health Planning Council to discuss additional planning and funding strategies that might be developed in the future. 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.

Crisis Service Options

The 1999 State Legislature (in FY 2000) provided funding through Senate Bill 3119 for construction of seven community-based crisis centers to be operated as satellites of existing and new facilities operated by the Department of Mental Health. In September, 1999, the State Board of Mental Health also finalized the locations for the seven centers: Corinth, Newton, Batesville, Grenada, Cleveland, Laurel and Brookhaven.

In FY 2003, one new crisis center (in Corinth) continued to operate at partial capacity for most of the year, because of funding constraints. During the last few months of FY 2003, however, the center has operated additional beds. The crisis center in Newton was complete, but not yet opened at the end of FY 2003, again due to funding constraints. Of the five remaining centers, four were in various stages of construction. It is anticipated that construction on the last center will begin in 2004.

Intensive Residential Treatment Services provide services for adults within their communities for crises that, unaddressed, will likely result in hospitalization. In FY 2003, the Division of Community Services continued to provide funding for three intensive residential facilities (in Regions 6, 13, 15). The programs operated 41 beds in the state and served a total of 513 individuals. In FY 2003, Region 13 (Gulf Coast Mental Health Center) Intensive Residential Facility increased the number of certified beds from 20 to 28 beds.

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. As of the end of FY 2003, programs approved to provide acute partial hospitalization services included: Region 6 CMHC (LifeHelp), Region 12 CMHC, (Pine Belt Mental Healthcare Resources), Region 15 CMHC (Warren-Yazoo Mental Health Services), Three Oaks Behavioral Health of Ridgeland (private provider), and Psycamore, LLC in Jackson (private provider). Timber Hills Mental Health Services (Region 4 CMHC) has applied for certification for acute partial hospitalization services.

Services For Homeless Persons

In FY 2003, Mississippi State Hospital Community Services Division in Jackson served 497 adults with serious mental illness who are homeless; East Mississippi State Hospital Community Services in Meridian served 42 adults with serious mental illness who are homeless; Region 7 (Community Counseling Services) in Starkville served 19 adults with serious mental illness who are homeless; and the Mental Health Association of Mississippi, located on the Gulf Coast, served 443 adults with serious mental illness who are homeless. A total of 1,001 adults with serious mental illness who are homeless were reported as receiving services through these programs. This number indicates face-to-face contacts, referrals and/or direct services.

In FY 2003, the data collection and analysis of the needs assessment to re-evaluate the areas of the state in which specialized services for individuals with SMI who are homeless was completed. Based on the analysis, adjustments to areas of the state targeted for funding were made and will be reflected in the FY 2004 State Plan and subsequent Implementation Report. The evaluation results were presented to the Partners to End Homeless Coalition on September 16, 2003.

In FY 2003, the DMH Division of Community Services workgroup on homelessness continued to meet on a regular basis to discuss the needs of homeless persons with mental illness and to receive feedback from providers of services to homeless persons on their need to continue to provide continuity of care and coordination of services. The workgroup met October 15, 2003, February 19, 2003, February 21, 2003, April 11, 2003, April 15, 2003, June 12, 2003, July 1, 2003 and September 16, 2003. The Mississippi Conference on Homelessness was held September 12, 2003. The conference was attended by service providers throughout the state.

Additionally, a DMH Division of Community Services staff person, who coordinates the DMH PATH program and chairs the DMH workgroup on homelessness, also continued to serve on the Partners to End Homelessness (Partners) and the Mississippians United to End Homelessness Coalition. The Partners to End Homelessness (Partners), a group of local service providers, is a permanent partnership to coordinate services to homeless persons in the City of Jackson and Hinds County. Partners is a community-wide effort involving nonprofit agencies, local government and other providers of services to homeless persons, housing providers, neighborhood groups and homeless or formerly homeless persons. Membership of the Mississippians United to End Homelessness Coalition is statewide and represent the Multi-County Community Action Agency in Meridian, Recovery House in Columbus, Bolivar County Community Action Program, Inc. in Cleveland, Catholic Charities (Guardian Shelter) in Natchez, the City of Natchez, the U.S. Department of HUD in Jackson, the Institute for Disability Studies at the University of Southern Mississippi in Hattiesburg and in Jackson. The goals of this group are to serve as the lead entity in ongoing efforts to implement a regional Continuum of Care plan; to sponsor technical assistance workshops around the state for prospective organizations interested in applying for federal housing funds; and, to facilitate and organize advocacy efforts.

In FY 2003, DMH staff also participated in development of a *Mississippi Action Plan*, as part of the Chronic Homelessness Policy Academy, sponsored by the U.S. Department of Health and Human Services, U.S. Department of Urban Development and the Veteran's Administration. The lead agency of the Academy in Mississippi is the Governor's Office. The Academy brings together local and state policy makers in developing an action plan intended to improve access to mainstream health and human services that are coordinated with housing for persons who are chronically homeless.

Services For Elderly Persons

In FY 2003, all 15 CMHC regions continued to have a local plan for providing services to elderly persons with serious mental illness. The plans were revised and approved by the Elderly Task Force on September 8, 2003. At the end on FY 2003, there were a total of 20 elderly psychosocial rehabilitation programs located within 10 CMHC Regions: 1, 4, 6, 7, 10, 11, 12, 13, 14, and 15. In FY 2003, 564 persons were served in elderly day treatment programs around the state.

Approved pre-admission 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.

Medical/Dental/Other Support Services

In FY 2003, the Department of Mental Health continued to require that the 15 community mental health centers implement a plan for providing medical, dental, and other support services. The community mental health centers maintain a list of resources to provide medical, dental services which include general health services, inpatient hospital, preventative, family support, immunizations, TB screening, home health services, psychiatric evaluations/medication monitoring and communicable disease evaluation. This plan is submitted with the CMHS grant proposal and reviewed by a team of providers, peers, and a NAMI representative.

Continuity of Care

In FY 2003, work was completed on brochures outlining public mental health services. This "quick reference" was distributed statewide. The Continuity of Care Committee met in August 2003, and received updates on an education/information packet under development for court personnel and on work toward development of an educational video about the civil commitment process. Also reviewed with the committee were efforts accomplished to date to address previously identified barriers to continuity of care. Additionally, the committee was informed about Mental Illness Management Services and intensive case management initiatives, the Person-Centered Planning project, the Transition-Age Task Force, data sharing efforts, Making A Plan (MAP) teams, and the work of the Interagency Coordinating Council for Children and Youth (ICCCY). The task force also discussed additional issues it planned to target in the coming year, including focusing increased collaboration among community mental health center and hospital staff on planning for the few individuals who have extremely high rehospitalization rates.

Mental Health Reform Act

A significant piece of state legislation, the Mental Health Reform Act, was passed during the 1997 Session of the Mississippi Legislature. 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 the MS State Board of Mental Health, the governing authority of the MS Department of Mental Health. 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.

Status of progress and plans for continued implementation of processes to implement various provisions of the Mental Health Reform Act were also described in objectives in the *FY 2003 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 and subsequently submitted to the Center for Mental Health Services).

Peer Review Process

In FY 2003, peer reviewers for adult community mental health services visited 11 community mental health centers (in regions 1, 2, 4, 5, 6, 9, 10, 11, 12, 13, 14) and the community services divisions of the two comprehensive state psychiatric hospitals (Mississippi State Hospital and East Mississippi State Hospital). A total of eight providers, 21 family members, seven consumers, and five students participated in these visits. Additionally, there were 17 technical assistance visits, by 13 different people, to 11 different sites. Peer reviewers continued to use a rating scale that allows each peer reviewer to evaluate all programs on the same criteria.

Community Support Systems

Local Community Support Systems Planning

In 1993, a task force on community support developed requirements for each service of the ideal system of care that could be used as an outline for service providers to use to develop their local plans, referred to at that time as Community Support Programs (CSP). Since then, this outline, which has been modified somewhat over time, has been used for the program narrative outline required when service providers apply for CMHS block grant funds. These grants make available a portion of the CMHS Block Grant to community mental health centers to be used on a purchase of service basis for various services within the system of care, such as medication evaluation and monitoring, individual therapy, family therapy, group therapy, administration of injectable psychotropic medication, case management, psychosocial rehabilitation and emergency services. Regional community mental health centers are required in their plans to describe how these services and other community support services for adults with serious mental illness will be provided at the local level, addressing the following components: outpatient services; family and consumer support; access to inpatient services; availability of alternative living arrangement services; protection and advocacy; programs for psychosocial and vocational rehabilitation; crisis response system; case management; outreach; and, access to medical/dental services and to other support services, such as transportation and social activities. In FY 2003, all 15 regional CMHCs submitted operational plans for providing community support services. On March 11, 2003, these plans were reviewed and approved by a peer review committee made up of family member and local service provider representatives. In FY 2003,

the Department of Mental Health continued to require that a community support assessment be conducted for consumers on the provider caseload, including consumers enrolled in Mental Illness Management Services (MIMS). Certification/site visit reports indicated that all community mental health centers and the Community Services Divisions of the two comprehensive state hospitals continued to be in compliance with this requirement.

Cultural Diversity Issues

In FY 2003, the DMH continued to utilize the National Coalition Building Institute's (NCBI) Prejudice Reduction Training Model. Members of the MS Chapter conducted seven training programs throughout the state, involving 200 participants, which included CMHC staff. Training was conducted on the following dates: two sessions on October 11, 2002 (one in Regions 6 and one in Region 14); April 29, 2003; May 22, 2003; May 30, 2003; June 16, 2003; and, June 19, 2003.

In FY 2003, the 15 CMHCs and the Community Services Divisions of the two larger state psychiatric hospitals reported that at least one training activity in the area of cultural diversity awareness/sensitivity was made available to their staff. The revised *Mississippi Department of Mental Health Minimum Standards for Community Mental Health/Mental Retardation Services* that were effective on July 1, 2002, require that cultural diversity/sensitivity be among the mandated topics of training to be completed by newly hired employees and direct services volunteers within 30 days of hire and annually thereafter.

In FY 2003, the Minority Issues Task Force met on November 18, 2002; May 2, 2003; June 13, 2003; and July 11, 2003. The Day of Diversity was observed on October 11, 2002. A report of the work completed by the Minority Issues Task Force was given to the Mississippi State Mental Health Planning Council on June 27, 2003, and included description of Day of Diversity activities, the cultural competence assessment pilot project and prejudice reduction training. In FY 2003, Minority Issues Task Force members met with Region 14 community mental health center staff on October 18, 2002, and provided the results of the cultural competency assessment and consultation services to 20 CMHC staff. On August 5, 2003, Minority Issues Task Force members met with Region 8 community mental health center to discuss the pilot project. On September 23, 2003, 22 CMHC staff members in Region 8 were administered the cultural competency assessment instrument.

Training

Case Management

In FY 2003, DMH sponsored nine case management orientation sessions: 10/17-18, 2002; 12/12, 2002; 2/20-21, 2003, 3/13-14, 2003, 4/3-4, 2003, 5/1-2, 2003, 7/10-11, 2003, 9/4-5, 2003, 9/25-26, 2003. The total number of case managers trained during these sessions was 234. This year, case management training was also provided to the Partners to End Homelessness Coalition. Topics included basic case management principles and philosophies, DMH Minimum Standards regarding case management, cultural competency, effective communication, treatment planning and progress note documentation, understanding mental illness, administration procedures for hospitalization and case management for mental retardation/developmental disabilities and children's mental health.

Pre-evaluation Screening for Civil Commitment

In FY 2003, training sessions were conducted by DMH on November 15, 2002, March 21, 2003, June 27, 2003, and September 19, 2003, in which 113 individuals were certified to conduct pre-evaluation screening. DMH staff continued to receive quarterly reports from Mississippi State Hospital, East Mississippi State Hospital, North Mississippi State Hospital and South Mississippi State Hospital

regarding the completion and content of the pre-evaluation screening documents by the CMHCs within their service area. A training session is scheduled for October 13, 2003. DMH plans to continue to work with family members and consumers regarding how best to involve them in the pre-evaluation screening training and/or provide them with information about the screening and civil commitment process.

Law Enforcement

The Department of Mental Health and the Department of Public Safety continue to encourage the collaboration of community mental health centers and city and county law enforcement personnel to develop appropriate responses to emergency situations involving individuals with mental illness, since law enforcement personnel may often be the first professional staff on the scene of an emergency. At the present time, minimum training, including the mental health training component, is required for law enforcement recruits through the Law Enforcement Academies. Training for experienced personnel in the field is provided on a voluntary basis, as requested. In FY 2003, DMH made funding available to 10 community mental health center regions for support of the provision of law enforcement training. A total of 15 training sessions were conducted, with 263 law enforcement officers trained throughout the state. Two Law Enforcement Task Force meetings were held, on November 21, 2002, and July 12, 2003.

Academic linkages at the local level continued in FY 2003, with 15 CMHCs and the Community Services Divisions of MS State Hospital and East MS State Hospital reporting training linkages with universities/state colleges pertaining to mental health services. Areas of training/disciplines represented at various community programs included: psychology, nursing, family development, counseling psychology, counseling social work, nurse practitioner training, psychiatry, counseling, marriage and family therapy, social rehabilitation, child and family studies, music therapy, physical therapy, psychiatric nursing, human services, and clinical psychology.

Local level mental health provider staff also 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 2003. Examples of topics reported by individual CMHCs and the Community Services Divisions of MS State Hospital in which community staff received additional training in FY 2003 included: crisis intervention, first aid, CPR, cultural diversity, abuse and neglect/reporting, confidentiality, rights of individuals receiving services, dual diagnosis, records management, case management, DMH definitions of serious mental illness and serious emotional disturbance, behavior management, civil commitment, medication use and side effects, medical emergencies, TB, HIV/AIDs and other STDs, Alzheimer's Disease in the Elderly, medication abuse in the elderly, slips/falls/injury in the elderly, emergency services, after hours emergencies, DMH standards, HIPAA, movement disorders, time management, Social Security Disability, treatment planning, schizophrenia and medication, highway safety (accidents and roadside emergencies), managing stress/provider self care, Vulnerable Adults Act, recognizing and reporting serious incidents, work incentive initiatives for disability recipients, preevaluation screening/civil commitment, family support in treating serious mental illness individuals, clubhouse model, ethics in general, non-violent crisis intervention - CPI, Alzheimer's Disease and dementia treatment/management, psychotherapy assessment and strategies, ADA needs, DSM IV, listening skills, *Multnomah Functional Assessment*, new hire orientation, fire and safety, fire extinguisher use, sexual trauma, community resources, family education/inclusiveness, homebuyer education, law enforcement mental health training, fire and disaster safety, Universal Precautions/SARS, family issues, resilience in times of stress, professional boundaries, medication funding processes, lethality/risk assessment, multi-cultural communication, telephone crisis training, crisis intervention and stabilization, psychotropic medications, symptoms of mental illness, overview of psychological testing and basic behavior management, risk management, identifying and monitoring psychotic symptoms, personality disorders, prevocational training, recognizing extrapyramidal symptoms, solutions for wellness, clinical services, transitional shelters, suicide, anger

management, Level II PASARR assessment, relapse prevention, symptoms of depression and schizophrenia, emergency duty, consumer advocacy, elder issues, defensive driving, dealing with challenging behaviors, seizures, person-centered planning, computer skills, infection control, use of seclusion/restraint, grievance procedures, anxiety/panic disorder, marriage therapy, charting progress, substance abuse prevention, program policies/procedures, mood disorders, community support services, addictive disorders, case management training, long term care for elderly adults, disaster response training, psychodrama and experiential therapy, homicide, domestic violence, homelessness supervision, violence in the workplace, body mechanics, therapeutic communication, Techniques in Managing Aggressive Behavior (TMAB), performance improvement, DMH/JCAHO standards, age-specific care, hazardous material, fire ant safety, pain management, mental/verbal/sexual abuse, accident prevention, homeless issues, PTSD, and Medicaid.

Additional training provided at the local level by some CMHCs to other agencies and the Community Services Divisions of two state psychiatric hospitals was reported in FY 2003. Examples of topics of such training offered by different individual community service providers included: consultation and education for a local hospital, crisis management for law enforcement, dealing with issues of abuse, communication, grief support group, support group for military families during war, crisis intervention for law enforcement/emergency room/911 offices, overview of mental health services for local church group, non-violent crisis intervention (CPI), clubhouse model training, dual diagnosis (substance abuse/mental illness), stress management/staff burnout, elderly mental health needs and resources, coping with job loss, cultural diversity, anger management, introduction to alcoholism, substance abuse 101, medication issues, CPR, stress in the workplace, anxiety, Alzheimer's Disease, forensic interviewing, drug education, holiday blues, dementia and aging, grief, drug prevention, senior services, mental health and grief in persons with HIV/AIDS, Diamond model: a study of holistic health, transitional employment program, suicide prevention, referral process, depression in the elderly, depression and suicide, classroom management for ADHD, meditation techniques, outreach, journaling, holiday mental health issues and communication skills.

**Program Description and Service Highlights/Progress in FY 2003
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, including 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 lead and support the development of a basic array of regional, community-based mental health services for children and adolescents that focuses on family inclusion. This system of care ideally would include diagnosis and evaluation, prevention, general outpatient therapy services, day treatment, crisis intervention, case management, respite 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 to 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

Provision of Services

In FY 2003, 24,732 children with SED were reported to have been served through the 15 regional community mental health centers, and 1222 children with SED were reported to have been served through other nonprofit providers certified and receiving funding from DMH. A total of 25,954 youth with SED were served through the public community mental health system. (Additionally, 408 youth were reported as served by providers certified, but not funded by DMH (for therapeutic foster care, therapeutic group homes, day treatment, intensive in-home or Adolescent Offender Programs certified by DMH)).

Table 8: FY 2003 Selected Service Data Community Mental Health Services for Children with Serious Emotional Disturbance	
Service	Number Served
Total SED Served	25,954
Outpatient Individual, Group, Family Therapy	23,586
Case Management	13,344
Day Treatment	4,178
Therapeutic Group Homes	321

Therapeutic Foster Care	125
Alcohol/Drug Residential Treatment	138

Prevention/Early Intervention

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. 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 all ages of children and adolescents.

In FY 2003, DMH continued to provide funding to Vicksburg Child Abuse Prevention Center (CAP) and to two programs for teen parents: the Family Support Center of Metro Jackson (formerly Exchange Club of Jackson Parent/Child Center), and the Vicksburg Family Development Center. In FY 2003, 61 children from 63 families were served by the Family Support Center of Metro Jackson; 111 children from 84 families by the Vicksburg Family Development Center were served; and, 167 children from 60 families were served by the Exchange Club of Vicksburg Child Abuse Prevention Center (CAP). In FY 2003, technical assistance was provided to two CMHCs in certifying three new day treatment programs serving children under the age of six years. During the 2003-04 school year, five CMHCs had 15 specialized day treatment programs at their facility and/or Headstart sites for children ages three to five years of age with serious emotional disturbances.

Diagnosis/Evaluation

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. In FY 2003, DMH Division of Children and Youth staff continued to monitor CMHCs implementation of minimum requirements for intakes and assessments on certification/site visits and follow-up visits. Intakes were available in all 15 CMHC regions.

Treatment Planning

In FY 2003, the Division of Children and Youth staff continued to monitor treatment and service plans developed by service providers on certification/site visits; all 15 CMHCs provided individualized treatment plans in compliance with DMH Minimum Standards or submitted an approved plan of correction. Training was provided on these topics to 203 individuals at the following programs: Region 3 CMHC (April 2003), Vicksburg Family Development Center (June 2003), Region 9 CMHC (July 2003), and Gulf Coast Women's Center (September 2003). Additionally, technical assistance was provided on this topic, specifically incorporating a strengths-based approach in completing treatment and service plans during a December 2002 visit to Region 4 – Timber Hills CMHC. Further, during one

certification visit (Region 10), deficiencies were noted regarding individualized treatment plans, and an appropriate plan of correction was submitted and accepted by DMH Division of Children and Youth.

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.

In FY 2003, all 15 CMHCs continued to offer case management services for children/youth with serious emotional disturbance who are receiving Medicaid and/or substantial public assistance. In FY 2003, 13,344 children with serious emotional disturbance, including children receiving Medicaid, were reported as having received case management services through the CMHCs. In FY 2003, 277 CMHC case managers provided services to children/youth with SED; 52 of these case managers were reported to also have served adults.

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.

General Outpatient Services (Individual, Group, Family Therapy)

In FY 2003, a total of 23,586 children with serious emotional disturbance were reported as having received outpatient services through the 15 community mental health centers, including individual, group, or family therapy services. Additionally, 15 CMHCs reported 543 school-based general outpatient sites.

Specialized Programs for Sexual Abuse Intervention

In FY 2003, DMH continued to fund Pine Belt Mental Healthcare Resources and the Vicksburg Family Development Service for specialized multi-disciplinary sexual abuse prevention programs. In FY 2003, these programs served 124 children.

Therapeutic Nursing Services

In FY 2003, DMH, Division of Children and Youth Services again funded one northeast community mental health center (Region 4 CMHC) to provide therapeutic nursing services in the schools. These nurses made 5,803 contacts in FY 2003, which included activities such as providing education for children/youth with SED, their families and teachers, conducting physical observations and assessments, monitoring medications, and monitoring sleeping and eating habits. Region 8 CMHC provided two therapeutic nurses to one local school district. These nurses provided 2,664 hours of service in FY 2003, which included nursing assessments, medication monitoring, and physical observations for those children receiving outpatient services through Region 8 CMHC. These nurses also participate on the Rankin County MAP team. Descriptions of the number and nature of contacts and activities of the nurses were submitted to the DMH, Division of Children and Youth. Additionally, the two therapeutic nurses from

Region 8 CMHC provided appropriate medical support to children in the MAP team Summer Therapeutic Adventure Program.

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.

In FY 2003, technical assistance and visits to 60 new day treatment programs were provided in 11 of the 15 CMHC Regions. During the year, 14 CMHC regions provided 274 day treatment programs. These programs served 4026 children. Two other nonprofit programs, Hinds County AOP and Adams County AOP, certified but not funded by DMH, continued to operate Adolescent Offender Programs and served 130 youth. A private school in Hinds County continued to maintain DMH day treatment certification, serving 22 children. In FY 2003, DMH staff persons visited day treatment sites in 11 of the 15 CMHC regions (Regions 1, 4, 5, 6, 7, 8, 10, 12, 13, 14, 15) and one private nonprofit provider, New Summit School. Technical assistance was provided to 97 new day treatment programs serving children in the age ranges from under six years through grade 12 in secondary schools. New programs were developed in CMHC Regions 4, 6, 7, 8, 10, 12, and 13. In FY 2003, CMHS reported a total of 214 day treatment programs at 158 school-based sites. In FY 2003, DMH Children and Youth Services staff continued to provide technical assistance and certification of Adolescent Offender day treatment programs (AOPs). Technical assistance and/or certification/follow-up visits were provided to CMHC Regions 1, 3, 6, 7, 12, and 15, which served 683 youth through AOPs, as well as to two private nonprofit organizations operating AOPs that are certified by DMH: Hinds County Resource Agency and Adams County Coalition; these two programs served 130 youth in FY 2003.

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.

In FY 2003, DMH continued to make funding available to Catholic Charities, Inc. to help support 25 therapeutic foster care homes. Catholic Charities provided therapeutic foster care to 28 youth in FY 2003. Additionally, Senior Services' Stepping Stones, United Methodist Ministries, Mississippi Children's Home Society and Family Services Association, and Youth Villages, nonprofit private providers certified, but not funded by DMH, provided therapeutic foster care services to 97 youth in FY 2003.

In FY 2003, technical assistance and certification visits were provided to Catholic Charities, Inc., Stepping Stones, United Methodist Ministries, Mississippi Children's Home Society, and the CARES Gulf Coast Program. Three technical assistance visits were also provided to Catholic Charities, Inc.'s Unaccompanied Refugee Program in that program's endeavor to become certified to become a provider of therapeutic foster care services; the program became certified in April 2003. Additionally, one technical assistance visit was provided to Youth Villages as that provider moved its physical location to ensure that the building met DMH Minimum Standards.

Therapeutic group homes provide residential mental health services to children or adolescents who are capable of functioning satisfactorily in a home-like 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.

In FY 2003, DMH continued to make available funding for 16 therapeutic group homes for children/youth with serious emotional disturbances, including three transitional therapeutic group homes that received DMH support for mental health service for youth served by the homes (last three homes on list that follows). A total of 321 children and youth were served in these homes, which included:

- Parkview Home for Youth (girls), in West Point, operated by Region VII Community Counseling Services (counted as two homes);
- Bacot Home for Youth (boys), Pascagoula, operated by Saint Francis Academy;
- Powers Group Home for Girls, operated by MS Children's Home Society & Family Service Association
- 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., Jackson (program described later under this criterion as having stays limited to 14 days);
- Hope Village for Children, four therapeutic group homes for male and females ages 8-16 years of age;
- Rowland Home for Youth (boys), Grenada, operated by Southern Christian Services for Children and Youth, Inc.
- Harden House, Fulton, operated by Southern Christian Services for Children and Families
- The Bridge at Signal Hill (for girls), Vicksburg, operated by Southern Christian Services for Children and Families;
- The ARK, Jackson, operated by MS Children's Home Society and Family Service Association, is a dually certified as a therapeutic group home and as a community based residential chemical dependence treatment program.

Note: The Pine Belt Group Home for Boys in Hattiesburg, which was listed as a therapeutic group home in the FY 2002 report, was closed as a group home and restructured to provide services as a transitional living program.

Also, an additional 104 youth were reported as served through therapeutic group homes certified, but not funded by DMH. Those homes certified, but not funded by DMH in FY 2003 included:

- Bass Group Home (females), Clarksdale, operated by United Methodist Ministries;
- Hannah's House (previously, 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;
- McCarty House (males), Ellisville, operated by United Methodist Ministries;
- Therapeutic Group Home (males), Jackson, operated by Center for Family Life Extension, Inc.;
- Millcreek Therapeutic Homes (males), Magee, operated by Millcreek Rehabilitation Center.

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 that include an array of therapeutic interventions and treatment.

In FY 2003, DMH continued to provide funding to three programs that made available 56 beds for chemical dependence residential treatment for adolescents, some of who also had a serious emotional disturbance: Sunflower Landing provided 24 beds; the CART House provided 12 beds; and the ARK provided 20 beds. These three programs served 138 adolescents with substance abuse problems or dual diagnosis of substance abuse and SED in a community based residential treatment program: Sunflower Landing served 58 youth; CART House served 35 youth; and, the ARK served 45 youth.

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. In FY 2003, the DMH continued funding for three transitional living services group homes serving youth with SED: Rowland Home for Youth (for males) located in Grenada, with a capacity of eight beds, served nine youth; The Bridge for Girls located in Vicksburg, with a capacity of 10 beds, served 15 youth; and Harden House located in Fulton, with a capacity of 12 beds, served 14 youth. Additionally, as mentioned previously, a therapeutic group home program in Region 12 was restructured to become a transitional services program. In FY 2003, on July 16, 2003, the Transition-Age Task Force met and the following topics were discussed: how the task force evolved from the Transition Task Force that had previously been coordinated by the Division of Community Services (for adults); the age range on which the task force plans to focus, with the task force agreeing to broaden the age to 14-24 years; conducting a resource assessment of the state agencies that have services/supports/programs to offer the target population of the task force; how the different systems approaches of children and youth services and adult community services can be blended; and, expanding the membership of the task force to include youth.

Respite Services

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

In FY 2003, DMH Children and Youth continued to provide funding to MS Families As Allies for Children's Mental Health, Inc. for respite services. Respite services continued to be accessible through additional flexible funding made available to MAP teams in the areas of the state where respite was available. In FY 2003, MS FAA was successful in having 95 persons trained as respite providers. The number of respite providers trained were as follow: Gulf Coast – 30; Jackson – Metro area – 15; DeSoto County – 7; Pearl River County – 5. An expansion of the system in training respite providers came through the Harden House Adoption Support Program. Four trainers were trained, who in turn trained 13 persons in the North MS area, 10 persons in Central MS, and 11 persons in South MS. The total respite provider registry consists of 130 persons. The distribution of respite providers is as follows: Jackson – Metro area – 48; Gulf Coast area – 30; Forrest County area – two; DeSoto County area – seven; Pearl River – five; and, 38 statewide through Harden House.

Outreach/Access

In FY 2003, the DMH Division of Children and Youth Resource Directory was disseminated to the following individuals and at conferences and/or meetings:

- Over 300 participants at the Children's Mental Health Institute;
- 25 participants at the annual Juvenile Justice Conference;
- 100 participants at the annual Lookin' to the Future Conference;
- 30 participants at the annual Mental Health Community Conference;
- 50 participants at training conducted for therapeutic group home service providers;
- 10 to various persons representing community mental health, NAMI-MS, school counselors, and corrections pre-release services;
- 50 at the MS Families As Allies post Children's Mental Health Institute meeting;
- Board of Southern Christian Services for Children and Youth, Inc.;
- Therapeutic group home directors from Southern Christian Services, Inc.;
- Participants in case management orientation;
- A conference sponsored by the Office of the Attorney General.

Presentations were made by Division of Children and Youth Services staff at the following meetings/conferences and agencies:

- MAP teams and the System of Care Model at the Annual Juvenile Justice Conference on Children/Youth Mental Health Services;
- Treatment plan training for Region 9 Community Mental Health Center;
- Treatment plan training for Vicksburg Family Development Center;
- Strengths-based assessment at annual Community Mental Health Conference;
- Treatment plan training at Region 3 Community Mental Health Center;
- Development of therapeutic summer camps at the Children's Mental Health Institute;
- Development of a community based mental health and faith-based initiative at the Children's Mental Health Institute;
- Therapeutic group home requirements/services for home operators;
- Case management orientation sessions;
- MAP teams and the System of Care Model at the Department of Human Services Permanency Planning Conference;
- A presentation on the System of Care for Children, Youth and Families at the Children's Mental Health Institute;
- A presentation on community mental health and faith-based partnership initiatives and therapeutic camping at the Coordinating Council on Children's Ministries of the MS Conference of the United Methodist Church.

In FY 2003, informational materials and technical assistance were provided to 635 local schools by community mental health centers. DMH Division of Children and Youth staff also provided Team Building training to Capital City Alternative School in the Jackson Public School District and to selected CMHCs that school-based day treatment services.

Protection/Advocacy

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

Family Education/Support Programs

In FY 2003, the DMH continued to make funding available for family education and family support to MS Families As Allies for Children's Mental Health, Inc. (MS FAA). Three family education support groups were available in Hinds, Rankin, and Harrison Counties. A fourth group was in the development

stage in DeSoto County. MS FAA initiated a review and revision of the family education training curriculum.

MS FAA has also worked to link with the NAMI-MS Visions for Tomorrow program in some areas. A total of 52 Visions for Tomorrow Education classes were held, and 596 educational contacts were made with family members and caregivers of adolescents. A Visions for Tomorrow Facilitator training was held in April, 2003; individuals from Regions 6, 8, 9, 10, 11 and 12 were trained to start new Visions for Tomorrow Education classes. A total of 11 persons were trained as facilitators.

In FY 2003, through MS Families As Allies, a Registry of Family Educators trained by MS FAA was provided to special education personnel in Hinds, Madison, Rankin, Harrison, Hancock, Sunflower, Leflore, Forrest, Jones, Holmes, Alcorn, Jackson, Lauderdale, and Newton counties, and to the Capital City Alternative School of the Jackson Public School District. The MS FAA Family Educators list was also distributed to: the MS Department of Mental Health, community mental health centers/local MAP teams in Regions 8, 9, 12, 13, 14, and 15, Catholic Charities, Inc., CARES, Southern Christian Services, Parent Partners, Coalition for Citizens with Disabilities, LIFE, Mental Health Association of MS, Mental Health Association of the Capital Area, Inc., NAMI-MS, Clorox Company (Pearl, MS), Hinds County Arts Alliance and Parents United (web site). Information was provided at five health fairs in Rankin County, at the Children's Mental Health Institute, the Lookin' to the Future Conference, the Parent Partners Annual Conference, Access Jackson (United Way), Primary Health/Mental Health Conference, IDEA Workshop in Brandon, ADHD Workshop in Brandon, three regional MAP team trainings and the COMPASS Consortium. Additionally a presentation on Parent/Professional collaboration was made at the 9th Children's Mental Health Institute held in September 2003, which was attended by service providers, family members, and children who receive mental health services.

In FY 2003, Division of Children and Youth staff reviewed CMHS block grant proposals, SSBG grant proposals, and State grant proposals and 100% of the providers documented some type of family education/support being offered to children and their families. The revised *DMH Minimum Standards for Community Mental Health/Mental Retardation Services* require all DMH certified programs to offer staff training on family education/support within 30 days of hire and annually thereafter.

In FY 2003, designated Division of Children and Youth Services staff continued to provide ongoing technical assistance to MS Families As Allies to include activities such as participation on the State Level Case Review/MAP team, monitoring of respite services and family education programs, and assistance with implementation of the System of Care (COMPASS) grant objectives and services. In July 2003, a designated staff person for the Division of Children and Youth provided training to MS Families As Allies on the topic of cultural diversity as part of a training of trainers session for respite providers. The Executive Directors of the DMH and MS FAA participated on the ICCCY.

Services for Minority Populations

In FY 2003, Division of Children and Youth staff reviewed CMHS block grants, SSBG grants, and State grants and 100% of the providers documented through grant proposals that staff development and/or inservice training addressed cultural diversity/sensitivity. The revised *DMH Minimum Standards for Community Mental Health/Mental Retardation Services* requires that all programs certified by DMH train newly hired staff in cultural diversity/sensitivity within 30 days of hire and annually thereafter (effective July 1, 2002).

In FY 2003, a designated Division of Children and Youth person conducted cultural diversity workshops for participants at the MAP team training sessions held in April, May, and June 2003. Additional cultural

diversity training sessions were conducted in May 2003, at the Mental Health Community Conference; in June with 28 children at the MAP Team FOCUS Days Camp; and in July at the MS Families As Allies for Children's Mental Health, Inc. respite training-of-trainers event.

In FY 2003, the Minority Issues Task Force met on November 18, 2002; May 2, 2003; June 13, 2003; and July 11, 2003. The Day of Diversity was observed on October 11, 2002. A report of the work completed by the Minority Issues Task Force was provided to the MS State Mental Health Planning Council on June 27, 2003, and included description of Day of Diversity activities, the cultural competence assessment pilot project and prejudice reduction training.

In FY 2003, the Minority Issues Task Force members met with Region 14 CMHC on October 18, 2002. The results of the cultural competency assessment were provided. Consultation services were made to the 20 CMHC staff persons who had participated in the assessment. On August 5, 2003, Minority Issues Task Force members met with Region 8 CMHC to discuss the pilot project. On September 23, 2003, 22 staff persons from Region 8 CMHC were administered the cultural competency assessment instrument.

Crisis/Emergency 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.

In FY 2003, the DMH continued to fund the four comprehensive crisis response programs for youth with SED who are in crisis or who are identified as at-risk for residential placement. Catholic Charities (Hope Haven) continued to target Hinds County and the surrounding area. Hope Haven includes five crisis residential beds on a regular basis, with potential capacity of up to seven beds. The second model, operated by Community Counseling Services in Region 7, continued to include a mobile crisis line, intensive in-home therapeutic intervention and extended follow-up after the first four to six weeks. The third model, initially funded by state funds in FY 2000 and operated by Pine Belt Mental Healthcare Resources in Region 12, provides community-based crisis response services that are available on a 24-hour basis and an emergency on-call team both during and after work hours. The fourth program, Region 8 Community Mental Health Center, received funding to offer crisis case management and psychiatric/therapeutic nursing services to children/youth with SED and their families. Catholic Charities continued to participate on local MAP Teams in Hinds and Rankin Counties and on the State Level Case Review Team. Community Counseling Services continued to participate on the Clay County MAP Team, and Pine Belt Mental Healthcare Resources continued to participate on MAP teams in Forrest, Jones, and Lamar Counties. Region 8 Mental Health Services continued to participate on the Rankin County MAP Team. In FY 2003, the four comprehensive crisis response programs reported monthly on the populations served, and human and fiscal resources. These programs also reported on average length of services, referral sources, and information on family satisfaction twice a year.

In FY 2003, DMH continued to provide funding for five specialized outpatient intensive crisis intervention projects: Region 3 CMHC continued a specialized response line, mobile crisis response by a therapist and use of a small fund for purchasing services not otherwise funded, serving 73 youth in FY 2003; Region 7 CMHC continued to provide an individual to respond to crises in two targeted counties, serving 57 youth in FY 2003; and, Region 15 CMHC continued to operate an intensive case management response system for youth in Warren County, serving 42 youth in FY 2003. Additionally, Gulf Coast

Women's Center continued to provide treatment and/or other critical support for children in a domestic violence program and reported serving 116 children/youth, 18 of whom were children with SED; and, MS Families As Allies for Children's Mental Health, Inc., continued to provide support to families in crisis and reported contact (telephone or face-to-face) with youth with SED.

Services for Homeless/Runaway Youth

In FY 2003, the DMH continued to provide at the 50% level of funding for the SAFE Place Coordinator's salary. Our House Emergency Shelter reported having contact with 202 youth, of which 126 had a serious emotional disturbance. In FY 2003, funding continued to be made available to the Gulf Coast Women's Center for Nonviolence for crisis intervention services to children and families in a domestic violence situation. The Gulf Coast Women's Center served 116 children in FY 2003, of whom 18 were children with SED.

In FY 2003, funding continued to be provided to CMHC Region 13 to support and provide services to a local shelter for abused/neglected children. The shelter provided services to 290 children in FY 2003; 77 of the 290 children were enrolled into services at Region 13 and were SED. In FY 2003, three providers of services to runaway/homeless children/youth received training at the annual Lookin' to the Future Conference, which was held in July, 2003, and the 9th Children's Mental Health Institute held in September, 2003. These programs include Catholic Charities, Inc.'s Our House, Region 13 Gulf Coast Mental Health Center's Intensive Crisis Intervention Program, and Gulf Coast Women's Center.

Interagency Collaboration

Interagency Committees and Workgroups

Staff of the Division of Children and Youth Services continued 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. In FY 2003, the DMH Division of Children and Youth Services continued to participate on interagency committees and workgroups, including the following:

- State Level Case Review Team
- Planning Committee for the Annual "Lookin To The Future" Conference
- Children's Services Task Force (of the MS State Mental Health Planning Council)
- National Coalition Building Institute
- Minority Issues Task Force
- Peer Review Advisory Committee
- Consumer Rights Committee (of the MS State Mental Health Planning Council)
- MS Dept. of Human Services State Citizen Review Board
- Juvenile Justice Conference Planning Committee
- MAP Team Coordinators' Meeting
- Transitional Age Task Force
- USM Safe Schools Task Force
- COMPASS Executive Council
- Case Management Task Force
- Alcohol and Drug Advisory Council
- Mississippi Executive Prevention Council

- Safe and Orderly Schools Task Force
- Children's Health Matters (CHIP)
- Improving Linkages for CHIP
- Covering Kids (CHIP)
- FOCUS Days Planning Committee
- Interagency System of Care Council
- 9th Children's Mental Health Institute Planning Meeting
- Dual Diagnosis Task Force
- Continuity of Care Committee
- Mississippi Therapeutic Equine Association Board
- Medicaid Waiver Committee
- Alcohol and Drug Prevention Subcommittee
- MS Executive Prevention Council
- MAP Prevention/Research Subcommittee
- Homeless Task Force
- Rankin County Extension Service Executive Council
(Total of 32 committees/councils)

In FY 2003, 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 participate in or establish local interagency case review teams. Service providers funded with CMHS block grant funds continued to be reviewed/monitored twice a year for compliance. All providers that receive DMH funding participated on one or more local interagency teams. (100% compliance).

State-Level Interagency Case Review Team

In FY 2003, the State Level Case Review Team reviewed 37 cases, of which 16 included youth who were sexually reactive and who also have been diagnosed with SED. The State Level Case Review Team continued to make appropriate referrals to specialists in the treatment of sexually reactive youth. In FY 2003, DMH continued to provide the State Level Interagency Case Review/MAP Team with funding to purchase critical services and/or supports identified as needed for targeted children/youth with SED reviewed by the team.

Making a Plan (MAP) Teams

MAP teams employ a wrap-around approach in developing a family-centered multi-disciplinary plan, designed to address individual needs and build on the strengths of youth and their families. Key to the team's functioning is the active participation in the assessment, planning and/or service delivery process by family members, community mental health service providers, county human services (family and children's social services) staff, county youth services (juvenile justice) staff, and local school staff. Other providers of formal or informal supports, which vary from team to team, also might participate in the planning or service implementation process. Examples of providers of community supports include youth leaders, ministers or other representatives of children/youth family service organizations in a given community. Thus, implementation of the plan might involve accessing a variety of informal or formal resources in the community and maximizing use of a variety of funding sources. MAP teams focus on addressing the needs of youth with a history of or at high risk of hospitalization or institutionalization (in-state or out-of-state).

In FY 2003, a designated Division of Children and Youth Services staff person met with MAP team coordinators in four regional meetings. This individual also participated in two MAP team summer camp

planning meetings, attended three local level MAP team meetings, conducted one meeting with a new local level MAP team coordinator, and conducted three regional training sessions for MAP teams that included information regarding "What Is A System of Care?" and "Strengths Based Assessment and Planning."

MAP teams were developed in additional counties in the state, with representatives from key child and family services agencies at the local level to review needs of children with the most serious emotional problems. By the end of FY 2003, 28 MAP teams have been developed statewide, with and without special funding. The ultimate goal of this initiative is to expand the availability of MAP teams statewide and to provide flexible funds to those existing teams operating without specialized funding. In FY 2003, one DMH-certified provider in each of the 15 CMHC regions received a grant from the DMH to provide flexible funds for MAP teams.

In FY 2002, five MAP Teams in Clay, Forrest, Rankin, Hinds, and Yazoo counties continued to receive state funds and seven MAP Teams in Coahoma, Alcorn, Jackson, Harrison, Lee, Leflore, and Washington counties continued to receive CMHS funding to provide wraparound services to children/youth. In FY 2002, two additional MAP teams in Lauderdale and Pike counties received CMHS funding to purchase services for children/youth at risk of being inappropriately placed out-of-home. (A total of 14 teams received funding.)

In FY 2003, the 15 CMHCs and other providers of DMH grant-funded programs for children/youth participated on a local MAP team; Region 2 CMHC, Communicare, which received flexible funding for a MAP team in FY 2003, reported that they are forming a MAP team in DeSoto County. This brings the total number of CMHC regions receiving funding for MAP teams to 15 (all regions).

In FY 2003, CMHC Region 8, 9 and 15, using DMH MAP team funds, continued to provide a summer therapeutic camping experience for youth at Camp Wesley Pines in Gallman, MS. This year the camp format was changed to a four-day, three-night approach. The camp planning team, drawing on experience from past FOCUS Days Camps, determined that the children could be better served by dedicating a longer period of time, with additional activities, to a smaller number of children. As originally offered, the camp continues to be identified as the FOCUS Days Camp. A hallmark of the camp is the teaching of principles and concepts called the Five Finger Contract, which are safety and support, commitment, respect, personal responsibility, and encouragement. No formal "rules" are laid down regarding behavior. Rather, the previously identified principles are taught through the camping experience, as all relate to finding out about communicating, understanding, and succeeding. Youth respond positively to this approach. This year in addition to the components of ROPES course activities, a more fully developed therapeutic art component was provided by a registered art therapist who facilitated one of the experiential sessions. Children experienced an opportunity for self-expression through the medium of art. This, in turn, offered to mental health camp staff an opportunity to utilize a strengths-based approach to see other dimensions of the youth, and likewise, areas of concern to be explored. An additional component added to the 2003 FOCUS Days Camp was the utilization of resource persons from the USDA, Natural Resource Conservation Service for one of the experiential sessions. Children had the opportunity to participate in activities related to the environment, which the USDA representatives presented in the "communicating, understanding, and succeeding" format. A total of 28 children with serious emotional disturbances were served. Four planning team meetings were held in development of this activity, which included representatives from DMH Division of Children and Youth staff, MAP team representatives, and representatives from Mississippi Families As Allies for Children's Mental Health. Additionally, a day of on-site pre-service training occurred in April 2003, in which all persons serving as camp staff were trained. Due to scheduling conflicts, the camp in CMHC Region 7 was not repeated in FY 2003. The camp with CMHC Regions 13 and 14 were scheduled for October 2003.

Interagency Coordinating Council for Children and Youth (ICCCY)

In accordance with state legislation, the Interagency Coordination Council for Children and Youth (executive level) and the Interagency System of Care Council (mid-level managers) are comprised of one representative each from the major child and family service agencies and the statewide family organization. In FY 2003, the DMH Executive Director participated on the Executive Level ICCCY meeting held on December 16, 2002. The Division Director of Children and Youth Services continued to participate as a representative of DMH on the mid-level Interagency System of Care Council (ISCC), which met in November 2002, and again in January, March, May and September 2003. The representative of the Department of Rehabilitation served as chairperson. Minutes of these meetings and other related information were maintained. The ISCC presented the required executive level report to the ICCCY in December 2002, at which time the report was approved. The complete packet of materials accompanying the report included funding and services listed by the agencies participating on the ICCCY for FY 2003. Also provided was a guidebook of material critical for continued development of the system of care.

COMPASS System of Care Project

In FY 2003, the COMPASS/System of Care project entered the fifth year of operation and served 379 children/youth with SED in the Hinds County area in FY 2003. The Director of the Division of Children and Youth continued to be the Principal Investigator of this project and chaired the COMPASS Executive Council meetings. The MS Department of Mental Health continued to implement a Real Choice Systems Change Grant from the Centers of Medicare and Medicaid Services (CMS). The project is piloting a person-centered planning approach for adults and youth in the transition-age range with dual diagnosis of mental illness and substance abuse problems. The project is designed to shift philosophy and practice to a more person-directed planning and support service delivery approach, demonstrating effectiveness for individuals being discharged from or at high risk of entering a state hospital or intensive residential treatment program in three CMHC Regions (6, 13 and 15). In FY 2003, the MS Department of Mental Health and MS State Mental Health Planning Council also supported the MS Division of Medicaid in its application for a community-based treatment alternative for children (C-TAC) grant from CMS. This project, which has been approved, will allow the Division of Medicaid, working in partnership with the Department of Mental Health, the Department of Human Services, and other agencies to conduct a feasibility study and develop an implementation and evaluation plan to provide community-based treatment alternatives to psychiatric residential treatment for children with serious emotional disturbance.

Real Choice Systems Change Project

The MS Division of Medicaid and the Department of Mental Health were notified of approval of the funding of a Real Choice Systems Change Grant project at approximately 1/3 the initial amount of the proposal. The DMH revised the initial project proposal and submitted it to the Center for Medicare and Medicaid Services, which has approved funding for the project. The project is designed to pilot a person-centered planning approach for adults and youth with mental illness in the transition-age range.

Other Support Services

Educational Services

The DMH Division of Children and Youth Services and local community mental health service providers target many of their outreach and interagency collaboration efforts to school administrators and school personnel through provision of educational materials and presentations, through participation on

interagency committees and through making available some community mental health services in school settings. The state psychiatric hospitals continued to operate accredited special school programs as part of their inpatient child and/or adolescent treatment units and collaborated with local school districts. Two providers that operate therapeutic group homes also continued providing State Department of Education accredited special schools on campus: The Saint Frances Academy, Inc., in Picayune, MS, and the ARK, a community residential program for youth with substance abuse problems (including youth with a dual diagnosis). Two approved Department of Education teacher units were also provided at Sunflower Landing, another community residential program for adolescents with substance abuse problems. Headstart programs also serve some preschoolers with disabilities, including children with emotional problems. Community health centers and other nonprofit children's services providers continued to access a variety of educational services/assistance at the local level for children with serious emotional disturbances and/or their families.

An Office of Parent Outreach is housed within the Mississippi Department of Education, Office of Special Education. This division was established to provide training in identified areas of need to parents and students with disabilities. This division also builds cooperative relationships between parents and local education agencies (LEAs) through modeling, training and consensus building. Staff in the division will take complaints from parents and others and resolve them, if possible.

Additionally, the MS Department of Education established a Statewide Steering Committee to conduct a self-assessment of special education programs. The Steering Committee was comprised of stakeholders from a variety of perspectives, including parents, teachers, administrators, related service providers, and representatives of other state agencies, including the Department of Mental Health. The self-assessment was completed, followed by priority setting and improvement planning. One area selected by the stakeholder group for improvement was Child Find, including the under-identification of children with emotional disturbances. DMH also continues to invite appropriate personnel across the system of care to selected training activities. DMH will also continue, upon request, to participate in training by other agencies, including making materials available and/or presentations about mental health services for youth.

Health/Medical/Dental Services, accessed through case management for some children with serious emotional disturbance, are provided through a variety of community resources which vary across different mental health regions and communities. Examples of some medical/dental resources accessed by children's community mental health service providers in FY 2003 included: private practitioners in primary care and in specialty care across communities; rural health clinics; local hospitals; private clinics; county health department offices, federal community health clinics, University of MS Medical Center (hospitals, clinics, and the Child Development Center); a school-based clinic; low-cost or free clinics operated by local charitable and/or church-sponsored programs; University of MS School of Dentistry; and the University of Tennessee School of Dentistry.

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. DMH Minimum Standards also require that residential programs for children with serious emotional disturbance have in place plans for providing medical and dental services.

Mississippi Health Benefits is a cumulative term for the programs available for uninsured children. These include traditional Medicaid and the Children's Health Insurance Program (CHIP Phase I, a Medicaid expansion program, and CHIP Phase II, a separate insurance program.) Included in the CHIP program is coverage for dental services, which includes primarily preventive dentistry, such as tooth-fillings and

cleaning. Other dental care is covered if it is warranted as a result of an accident or a medically-associated diagnosis. During the 2001 Legislative session, legislation was passed authorizing the expansion of dental coverage in CHIP Phase II, which was effective January 1, 2002. The expanded dental benefit includes some restorative endodontic, periodontic, and surgical dental services. The establishment of a dental provider network was also authorized, making dentists more accessible.

Outpatient health and medical care is also available in the state through federally funded Community Health Centers in the state. As of April 2003, there were 22 Community Health Centers and over 80 satellite clinics in Mississippi, further advancing President Bush's five-year Growth Initiative. The centers are staffed by a team of board certified/eligible physicians and dentists, nurse practitioners, nurses, social workers, and other ancillary providers. The centers provide comprehensive primary and preventive health services, including medicine, dentistry, radiology, pharmacy, nutrition, health education, social services and transportation. Federally subsidized health centers must, by law, serve populations identified by the Public Health Service as medically underserved, that is, in areas where there are few medical resources. Generally, 50% of health center patients have neither private nor public insurance.

In FY 2003 (October, 2002), the Mississippi Partnership in Mental Health organizational members, sponsored a workshop entitled "Integrating Primary Care and Behavioral Health." The presenter was a well-known expert who was commissioned by HRSA's Bureau of Primary Health Care. Administrators and Clinicians from both the CHCs and CMHCs, as well as other behavioral health advocacy organizations, were invited to attend.

The MS Department of Health also makes available certain Child Health Services statewide to children living at or below 185 percent of the non-farm poverty level and to other children with poor access to health care. The Child Health Program provides childhood immunizations, well-child assessments, limited sick child care, and tracking of infants and other high risk children. Services are basically preventive in nature and designed for early identification of disabling conditions. Children in need of further care are linked with other State Department of Health programs and/or private care providers necessary for effective treatment and management. The Department of Health also administers the Children's Medical Program, which provides medical and/or surgical care to children with chronic or disabling conditions, available to state residents up to 21 years of age. Conditions covered include major orthopedic, neurological, cardiac, and other chronic conditions, such as cystic fibrosis, sickle cell anemia and hemophilia. Each Public Health District employs a Children's Medical Program Coordinator to assist with case management needs for children with special health care needs and their families.

The Public Health Dentistry Program administered by the MS Department of Health also targets efforts toward improving the oral health of MS children and families. The Dental Correction Program aims to provide financial assistance to families of children with more severe dental needs who have limited access to dental care. The Primary Health Care Association reports that the availability of dental care for underprivileged individuals has increased in communities where federally-funded Community Health Centers are located. Oral health and mental health services are considered priorities for expansion by the Health Resources and Services Administration's Bureau of Primary Health Care, fulfilling President Bush's five-year Growth Initiative for Community Health Centers.

Efforts to increase availability of medical services/supports in the community and to improve continuity of medical services across CMHCs and the hospitals have been ongoing. The DMH budget, beginning in FY 2000, included an additional \$500,000 in increased funds for psychotropic medication purchases for individuals served by CMHCs. An additional \$2.5 million was allocated beginning in FY 2000 for

CMHCs for physician services for adults and children not eligible for Medicaid to facilitate compliance with a provision regarding these services in the 1997 Mental Health Reform Act.

Rehabilitation Services

Rehabilitation services are available to youth (age 18 or in the first semester of their senior year in school) through the Office of Vocational Rehabilitation in the Department of Rehabilitation Services, in accordance with 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 youth in the state. The focus group for this service is youth who demonstrate more severe disabilities. Additionally, they are youth who demonstrate that they need ongoing job support to retain employment.

In FY 2003, a representative of the Department of Rehabilitation Services continued to attend State-Level Interagency Case Review/MAP Team meetings. A representative of the MS Department of Rehabilitation Services, Office of Vocational Rehabilitation, also participated on the Transitional Services Task Force and provided members with information on meeting the employment needs of youth in the transitional age range (18 to 25 years). In FY 2003, the Executive Director of the Department of Rehabilitation Services (DRS) was elected Chairperson of the state executive-level Interagency Coordinating Council for Children and Youth (ICCCY). The DRS was also represented on the mid-management state-level Interagency System of Care Council (ISCC), which reports to the ICCCY. The DRS ISCC representative, who directs transition services at DRS, was elected Chairperson of the ISCC in FY 2003. CMHC's and other nonprofit mental health service providers continues to access vocational employment services at the local level through a variety of state and local resources.

Housing Assistance is available through federal housing programs, administered through local housing authorities for eligible families. In addition to the therapeutic community-based residential programs described in the previous objectives under this criterion, examples of housing assistance reported as accessed by individual community mental health service providers in FY 2003 included: federal housing assistance (subsidized apartments, Shelter Plus Care, Section 8 housing) through local housing authorities; temporary shelter through the MS Department of Human Services funded local shelters; temporary or emergency housing through the Salvation Army, the Red Cross and a local nonprofit program (Care Lodge); rental assistance through a county FEMA board, local housing authorities, and local nonprofit and church-sponsored programs; utilities assistance/winterizing from county Human Resource Agencies; emergency shelter for children/families involved in domestic violence/abuse situations through local nonprofit programs; and, local income housing through Habitat for Humanity.

Juvenile Justice

The CMHCs and other nonprofit children's mental health service providers continued to work with juvenile justice agencies/entities in FY 2003. The MS Department of Human Services (DHS) continued to provide funding for Adolescent Offender Programs (AOPs), some of which include specialized day treatment programs that provide a community-based diversionary program to prevent involvement in the traditional juvenile justice system. In FY 2003, DMH Children and Youth Services staff continued to provide technical assistance and certification of Adolescent Offender day treatment programs (AOPs).

Technical assistance and/or certification/follow-up visits were provided to CMHC Regions 1, 3, 6, 7, 12, and 15, which served 683 youth through AOPs, as well as to two private nonprofit organizations operating AOPs that are certified by DMH: Hinds County Resource Agency and Adams County Coalition; these two programs served 130 youth in FY 2003.

Additionally, AOPs that were not certified by DMH, but were operating in Mississippi in FY 2002 were located in Cleveland, Oxford, Canton, Pearl, Brookhaven, Southaven, Ocean Springs, Hernando, Meridian, McComb, and Greenville.

In FY 2003, the DMH Division of Children and Youth Services and the Division of Planning in the MS Department of Public Safety (which is represented on the Planning Council) collaborated to make training in coping with difficult behaviors available to staff from all 18 Juvenile Detention Centers in the state. The DMH Division of Children and Youth Services also continued to participate in planning the annual Juvenile Justice Conference, which is attended by representatives from the juvenile justice and law enforcement systems, as well as other key public service organizations.

The MS Department of Mental Health continues to operate a 48-bed rehabilitation facility to serve juvenile offenders with mental retardation, and a similar facility for youth with mental illness who have been involved in the juvenile justice system was under development at the end of the fiscal year.

Transportation Assistance is provided by some community mental health centers that have vehicles for transportation or through other child service agencies in some areas. For example, in FY 2003, 13 CMHCs and 14 other nonprofit programs reported utilizing center or program-operated vans/other vehicles for children with SED; 10 CMHCs and one other nonprofit program reported making transportation available through affiliation agreement with other agencies; and, four CMHCs and three other nonprofit programs reported utilizing local public transportation (buses, cabs, etc.).

Inpatient Services

Inpatient treatment services are an important component of a comprehensive 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.

The Adolescent Treatment Unit at East Mississippi State Hospital, a 50-bed facility, provides inpatient psychiatric and substance abuse treatment services to males, ages 12 through 17. Oak Circle Center, a 60-bed short-term treatment 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.

Continuity of Care, Inpatient to Community

In FY 2003, DMH Division of Children and Youth Services staff attended the Continuity of Care Committee meeting, held on August 25, 2003. The committee meeting included updates on the work toward a video project to assist individuals and their families to understand the process of court commitment and the work on an education/information packet for court personnel. In addition, Division of Children and Youth staff provided updates on the Transition-Age Task Force, Making A Plan (MAP) teams, and the Interagency System of Care Council (ISCC) and Interagency Coordinating Council for Children and Youth (ICCCY).

Mental Health Reform Act

The following activities are examples of activities to address specific provisions of the Mental Health Reform Act of 1997 by the Division of Children and Youth Services.

Minimum Standards for Services

In FY 2003, the DMH Division of Children and Youth staff continued to monitor implementation of the *DMH Minimum Standards for Community Mental Health/Mental Retardation Services* on 15 site/certification visits to CMHCs; nine follow-up visits to CMHCs; and 42 on-site certification and follow-up visits to other DMH certified non-profit private providers.

Performance Measure Development

In FY 2003 the DMH, Division of Children and Youth Services continued to utilize a previously developed family satisfaction survey with a limited number of parents as part of the peer review process in selected regions. Beginning in FY 2003 and continuing in FY 2004, the DMH began the process to pilot the Youth Services Survey with families in a limited number of regions. Data collected through the survey will support local and state planning efforts and will be included as part of the Uniform Services Reporting System (URS) tables that include basic measures requested by the federal Center for Mental Health Services (CMHS). Piloting of the survey is being supported through the state's federal Data Infrastructure Grant (DIG).

Peer Review

In FY 2003, peer monitoring of program service delivery occurred during 10, or 66% of the CMHC certification or follow-up visits. The CMHC Regions where peer monitoring occurred included regions 1, 3, 4, 6, 7, 10, 12, 13, 14, and 15. Peer reviewers utilized family satisfaction surveys with a limited number of families and peer review checklists.

Training

In FY 2003, the Division of Children and Youth Services continued to maintain a training calendar. The following list includes training provided, facilitated and/or attended by DMH Division of Children and Youth staff in FY 2003:

October, 2002: Team Building for Capital City Alternative School of Jackson Public Schools; Safe Schools with the MS Department of Education; MANDT Training for detention center workers in Hinds and Rankin counties; Case Management Orientation for case managers from CMHC Region 8 and 15.

November 2002: Pre-evaluation Screening Training.

December 2002: Case Management ("The Basics") for the Partners to End Homelessness Coalition; CMHC Region 4 on DMH Minimum Standards, Children and Youth Services; Crisis Counseling Orientation for CMHC Region 7, Project Recovery.

January 2003: Children's Case Management for CMHC Region 9; Faith-Based Linkages with the United Methodist General Board of Church and Society.

February 2003: Case Management Orientation; MAP Teams for the Office of the Attorney General, Office of Best Practices Conference; Fetal Alcohol Spectrum Disorders Town Meeting; Autism Spectrum Disorders Conference; MS Marriage and Family Therapy Conference; Co-Occurring Disorders Conference.

March 2003: Case Management Orientation; Early Intervention Conference; Innovative and Best Practices; HIPAA Privacy and Security Training.

April 2003: MAP Team Training for East MS State Hospital and North MS MAP Team members on "What Is A System of Care?" and Strengths-Based Assessment & Planning; Pre-Service Training for FOCUS Days Camp MAP Team participants; FEMA training; therapeutic outdoor counseling; and treatment plan and progress note training for CMHC Region 3.

May 2003: MAP Team training for teams in CMHC Regions 12, 13, and 14; "Finding Your Strengths" for the Annual Mental Health Community Conference; therapeutic group home workshop; Case Management training; NCBI: Cultural Diversity for the Annual Mental Health Community Conference; SAMHSA CMHS Block Grant Conference.

June 2003: MAP Teams for DHS Permanency Planning Conference; MAP Team Training; Strengths-Based Approach for MAP Team coordinators and members; treatment plan and progress note training for Vicksburg Family Development Center; cultural diversity for children at the MAP Team FOCUS Days Camp.

July 2003: Case Management Orientation; Case Management Basics for CMHC Region 11 Children's Services; treatment plans and progress notes and case management service plan for CMHC Region 9; Blueprints for Workforce Development for Youth with Disabilities; Lookin' to the Future Annual Conference; Cultural Diversity for MS Families As Allies Respite "Training of the Trainers"; NAMI Provider Education Program.

August 2003: Access to Children's Mental Health Services for the MS Juvenile Justice Conference; Children and Youth Services staff were both presenters and attendees at the conference.

September 2003: 9th Children's Mental Health Institute; Case Management Orientation; treatment plans and progress note training for Gulf Coast Women's Center; Faith-Based initiative partnerships for the MS United Methodist Coordinating Council on Children.

Case Management

In FY 2003, DMH Children and Youth staff participated in nine case management orientation sessions for adult and children's services case managers on: October 17-18, 2002; December 12, 2002; February 20-21, 2003; March 13-14, 2003; April 3-4, 2003; May 1-2, 2003; July 10-11, 2003; September 4-5, 2003; and September 25-26, 2003. Case management training was also provided to the Partners to End Homelessness Coalition. Topics included basic case management principles and philosophies; DMH Minimum Standards regarding case management; cultural competency; effective communication; treatment planning and progress note documentation; understanding mental illness; administrative procedures for hospitalization; and case management for mental retardation/developmentally disabled and children's populations.

Residential Treatment Providers

In FY 2003, DMH Children and Youth staff provided supplemental training to CMHC Region 4 on the revised *DMH Minimum Standards for Community Mental Health/Mental Retardation Services*. Public and private residential providers were invited and participated in the Co-Occurring Disorders Conference in February, 2003, the annual Lookin' to the Future Conference in July 2003, and the 9th Children's Mental Health Institute in September 2003. Technical assistance was provided to Catholic Charities on therapeutic foster care program start-up for the Unaccompanied Refugee Minors Program. Additionally, DMH Children and Youth staff provided training to private nonprofit providers of therapeutic group home services.

Academic Linkages at the local level continued in FY 2003, with 15 CMHCs and 14 other nonprofit programs reporting various training linkages pertaining to children's mental health with universities and/or state community colleges. Areas of training/disciplines represented included: social work, psychology, education, nursing, counseling, educational psychology, community and school counseling, rehabilitation counseling, family and human development, sociology/criminal justice, psychiatry, marriage and family therapy, child and family studies, clinical psychology, child psychology, behavioral science, music therapy, physical therapy assistants, human services, and public administration. Local community mental health services providers for children reported continued affiliations (student internships, provision of adjunct faculty, etc.) with community colleges and both state and private universities.

DIVISION OF ALCOHOL AND DRUG ABUSE SERVICES

Public Service System

The Mississippi Department of Mental Health (DMH) administers the state-wide public system of services for adults with mental health problems, seriously emotionally disturbed children and youth, individuals with mental retardation and/or developmental disabilities and individuals with substance abuse/addiction problems. **The Division of Alcohol and Drug Abuse Services (DADA), designated as the Single State Agency**, 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 substance 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 Sources

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 or TB; 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 Division of Alcohol and Drug Abuse also continues to provide priority treatment to SSI recipients who are disabled by their continued use and misuse of alcohol and drug substances.

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 larger state psychiatric facilities.

ALCOHOL AND DRUG ABUSE PREVENTION AND TREATMENT SERVICES

Hospital-Based Inpatient Chemical Dependency Services

State-operated hospital-based inpatient programs are located at Mississippi State Hospital in Jackson and East Mississippi State Hospital (EMSH) in Meridian. The Chemical Dependency Unit at East Mississippi State Hospital is a 25-bed inpatient unit for adult males 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 adolescent males statewide, as well as treatment for adolescent males 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. In FY 2002 this unit was transferred into a newly built facility, the Bradley Sanders Adolescent Complex, which is located near, but off of the East MS State Hospital main campus for adults.

The Chemical Dependency Unit at Mississippi State Hospital (MSH), made up of three units with a total of 115 active beds, provides inpatient treatment for adult individuals with alcohol and/or drug problems. One unit provides services for adult males in the MSH catchment area and another provides services for adult females statewide. MSH also provides a unit for adult 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) transitional residential program which is a 12-bed group home for adult males with dual diagnosis of mental illness and chemical addiction who are ready for discharge from MSH but need additional support to function independently in the community.

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 a 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.

DIVISION OF ALCOHOL & DRUG ABUSE PROGRESS AND SERVICE HIGHLIGHTS IN FY 2003

The FY 2003 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, which covers the period from October 1, 2002 - September 30, 2003.

Substance Abuse Prevention Services

The prevention staff within the division includes two full-time professionals who both report directly to the Director of the Division of Alcohol and Drug Abuse. In FY 2003, an intern from Jackson State University was also included as part-time on the prevention staff and reports to the Prevention Director. The intern's primary role is to assist the prevention staff in an administrative capacity. The two full-time professionals' responsibilities include:

- monitoring all prevention program activities through annual site visits and on-line documentation of activities
- facilitating Synar compliance
- providing all individual prevention technical assistance
- providing statewide technical assistance prevention trainings
- attending and actively participating in Executive Prevention Council (EPC)
- writing Requests for Proposals (RFP) for prevention sub-grantees
- serving as National Prevention Network representative
- attending national prevention and Synar conferences
- writing prevention and Synar portions of the SAPT Block Grant Application
- maintaining communication and collaboration with other State Agencies that serve a role in prevention services
- supervising development and maintenance of on-line prevention activities database

Other key responsibilities include:

- participating on planning council, distributing and monitoring applications for the Southeastern School for Alcohol and Other Drug Studies
- managing the DADA's Advisory Council
- monitoring and providing technical assistance to substance abuse treatment facilities
- serving on various conference planning committees

The DMH Division of Alcohol and Drug Abuse continues to provide funding to support prevention activities, statewide. Primary prevention services are provided through 15 community mental health/mental retardation centers and 13 other community-based private/public nonprofit free-standing organizations. All 28 programs use their funding to provide direct services to the mental health regions in which they reside. Some organizations, such as DREAM, Inc., of Jackson, DREAM of Hattiesburg and Jackson State University (JSU) utilize a portion of their funding to increase capacity statewide by providing technical assistance and workforce development activities to prevention programs in Mississippi as a part of their contract with DADA.

By funding all 15 Community Mental Health Centers, DADA ensures that all 82 counties are provided prevention services. Many of the private/public nonprofit agencies are located in the Jackson Metropolitan area which has been shown to have the greatest needs based on archival data.

Two important standards were added to the DMH Minimum Standards for Community Mental Health/Mental Retardation Services, which were effective July 1, 2002. Each regional community mental health center must have on staff an individual who is responsible for coordinating prevention activities within the region. In addition, each certified prevention program must show evidence of ongoing use of at least one model, science-based program recommended by CSAP.

In September 2002, Mississippi was awarded a State Incentive Grant, named the Mississippi Alliance for Prevention (MAP). To date, DMH awarded 29 sub-grants, 16 of which were programs already supported partially by SAPT Block Grant funds. Twelve (12) of the sub-grantees are CMHCs. Several requirements for the sub-grantees are designed to substantially increase the capacity of programs that are supported by block grant funds to provide science-based prevention as well as evaluate prevention programs utilized that are not a level three or better science-based program. For example, one requirement of each grantee is that they hire a full-time equivalent to increase their workforce. The project director for each subgrant must also achieve certification as a prevention professional through the local affiliate of the National Association of Alcohol and Drug Abuse Association. Also, of the funds that are distributed as a part of MAP, 70% must be used for a level three or higher science-based program.

In FY 2001, DADA revised the Prevention Request for Proposal (RFP), adding many new requirements and project specifications to carry out the prevention goals and objectives of the DADA, including a requirement that prevention coordinators who had completed the CAPT's 40 hour prevention training complete 15 hours of continuing education.

It is the goal of DADA's goal is to decrease the problems associated with alcohol, tobacco, and other drug (ATOD) use and abuse by services that include prevention, intervention, and treatment services. In Mississippi, funds provided to programs as part of the 20% prevention set aside in their prevention grants can only be used for primary prevention. The RFP defines prevention as a process that involves interacting with people, communities, and systems to promote the programs aimed at substantially preventing alcohol, tobacco, and other drug abuse. Primary Prevention services focus on individuals or populations before the onset of harmful involvement with alcohol or drugs. In addition, prevention services can be provided for persons who use drugs in a non-abusive way and are *not* in need of treatment for drug abuse or dependency. DADA seeks to develop and maintain programs that practice professional prevention activities. These activities must be carried out in an intentional, comprehensive, and systematic way, in order to impact large numbers of people, based on the identified risk and protective factors. A variety of strategies must be employed to successfully reduce problems associated with ATOD use. For this reason, programs must utilize at least three of the six strategies identified by CSAPs which include: information dissemination, education, alternatives, problem identification and referral, community-based process, and environmental.

Programs must also target the problem they plan to address, goal, target population, objectives with measurable outcomes, activities, and evaluation plans. The activities listed must include the strategy type, IOM program classification, domain, and type of program (DADA approved, promising, or science-based). Other requirements include: merchant education to assist with the Synar regulation, 40 hour training for Prevention Coordinators at each organization, completion of 15 hours of prevention continuing education hours for persons who have completed the 40 hour training, submission of all prevention documentation on The SURETOOL, Internet access, quarterly meetings with other funded programs in their mental health regions, quarterly reports, and a community needs assessment. The SURETOOL is an internet-based data collection which collects process data such as targeted domain, the Institute of Medicine's classification, program type (science-based, promising or approved), strategy, etc. Compliance with the grant requirements, particularly utilization of three of the six strategies is monitored

on annual site visits and through data entered monthly by all funded prevention programs on the SURETOOL and through quarterly reports provided by the SURETOOL.

Prevention program grant period is from April 1 to March 31. However, the following data regarding activities is for the federal grant year of October 1, 2002 through September 15, 2003.

DEMOGRAPHICS REPORT, PREVENTION PROGRAMS

Age Classification	Number Served
Adults	45,750
Teens	31,445
Youths	32,419
Pre-School	3,086
Total	112,700

Gender	Number Served
Males	50,332
Females	62,398

Race	Number Served
African American	67,146
Caucasian	40,764
Hispanic	1,414
Native American	2,558
Aleut, Pacific Islander	652
Other	196

As stated above, all six strategies are utilized in Mississippi. The number served by each strategy as well as how many times each strategy was employed are listed below. Please note that individual activities may employ more than one strategy. Therefore, the number served by each strategy may contain duplicate participants.

Strategy	Number Served	Number of times strategy employed
Information Dissemination	99,503	1,986
Education	79,726	4,148

Alternatives	16,813	1,582
Problem Identification	1,096	129
Community-Based Process	29,394	1,266
Environmental	918	369

The tables listed below provide information on high risk populations by strategy. Each individual may fall into more than one high risk category, so the number served may contain duplicate counts of some participants.

Information Dissemination

High Risk Population	Number Served
Child of Substance Abuser	764
Pregnant and Using ATOD	49
K-12 Drop-out	83
Violent and Delinquent Behavior	1,816
Mental Health Problems	1,230
Economically Disadvantaged	7,051
Physically Disabled	278
Abuse Victims	386
Already Used Substances	930
Homeless and/or Runaway Youth	263
Eligible for Free Lunch	4,851
Other	9,664

Education

High Risk Population	Number Served
Child of Substance Abuser	905
Pregnant and Using ATOD	32
K-12 Drop-out	97
Violent and Delinquent Behavior	5,081

Mental Health Problems	1,248
Economically Disadvantaged	12,314
Physically Disabled	13
Abuse Victims	211
Already Used Substances	945
Homeless and/or Runaway Youth	163
Eligible for Free Lunch	8,739
Other	14,200

Alternatives

High Risk Population	Number Served
Child of Substance Abuser	614
Pregnant and Using ATOD	14
K-12 Drop-out	159
Violent and Delinquent Behavior	812
Mental Health Problems	709
Economically Disadvantaged	14,404
Physically Disabled	91
Abuse Victims	101
Already Used Substances	203
Homeless and/or Runaway Youth	128
Eligible for Free Lunch	11,946
Other	1,884

Identification & Referral

High Risk Population	Number Served
Child of Substance Abuser	21
Pregnant and Using ATOD	5
K-12 Drop-out	17

Violent and Delinquent Behavior	94
Mental Health Problems	150
Economically Disadvantaged	215
Physically Disabled	0
Abuse Victims	58
Already Used Substances	20
Homeless and/or Runaway Youth	10
Eligible for Free Lunch	255
Other	47

Community-Based Process

High Risk Population	Number Served
Child of Substance Abuser	106
Pregnant and Using ATOD	18
K-12 Drop-out	43
Violent and Delinquent Behavior	179
Mental Health Problems	129
Economically Disadvantaged	2,035
Physically Disabled	105
Abuse Victims	2
Already Used Substances	265
Homeless and/or Runaway Youth	0
Eligible for Free Lunch	1,079
Other	4,218

Environmental

High Risk Population	Number Served
Child of Substance Abuser	3
Pregnant and Using ATOD	0

K-12 Drop-out	0
Violent and Delinquent Behavior	0
Mental Health Problems	39
Economically Disadvantaged	30
Physically Disabled	0
Abuse Victims	0
Already Used Substances	4
Homeless and/or Runaway Youth	12
Eligible for Free Lunch	7
Other	60

The prevention activities performed number in the thousands. In FY 2000, science-based programs were purchased as a result of 14 mini-grants awarded by DADA in an effort to increase knowledge and utilization of proven effective programs. These curricula continue to be utilized in FY 2003. They include Life Skills, All Stars, Parenting Adolescents Wisely, The Incredible Years, Home Based Behavioral Family Therapy, Preparing for the Drug Free Years, The Early Childhood Substance Prevention Project, Strengthening Families Program, and Effective Black Parenting (CICC). Below are samples of the many activities and services provided by the DADA's funded programs.

Information Dissemination: This strategy provides awareness and knowledge of the nature and extent of substance use, abuse, and addiction, and their effects on individuals, families, and communities. Examples of types of services and methods used for implementing this strategy include the following: Clearinghouse/information resource centers, health fairs, health promotion, materials development, materials dissemination, media campaigns, speaking engagements, and telephone information services.

The DADA currently funds four RADAR centers. Although no funding was provided, in August, 2001, DADA requested permission to add the National Council on Alcoholism and Drug Dependence of Central MS, Inc. (NCADDC) for a total of five centers. DREAM, JSU, and NCADDC (in the Jackson metropolitan area), DREAM of Hattiesburg and Washington County Anti-Drug Task Force.

All programs funded by DMH participate in speaking engagements. The audiences vary greatly from businesses to schools to social and community clubs and organizations. An example is youth summits provided by one of our organizations that target 100 youth each semester ages 15-18 in the Jackson area. Several conferences are held annually that offer prevention tracts as a main part of the conference.

Practically 100% of programs participate in health fairs in their local communities.

Other initiatives include but are not limited to: Girl Power!, National Red Ribbon Week, Be Smart Week, National Smoke-Out Day, Poisons and Inhalants Prevention Week, and National Night Out. DREAM, Inc. produces a newsletter, Dateline, which is sent to all prevention and treatment programs statewide. Several agencies maintain toll free numbers to serve as prevention information hot lines. Metro Jackson Community Prevention Coalition (CPC) also forwards CSAP's Prevention Alert to interested parties

in the community.

Education: Activities under this strategy aim to affect critical life and social skills, including decision-making, refusal skills, critical analysis (e.g., of media messages), and systematic judgement abilities. Examples of types of services and methods used for implementing this strategy include the following: Children of substance abusers groups, classroom educational services, education services for youth groups, parenting/family management series, peer leader/helper programs, and small group sessions.

- DREAM of Hattiesburg sponsors Senior and Junior Leadership programs. Each group involves 15 - 20 youth, who conduct weekly meetings, in leadership development, mentoring, tutoring, and service-learning projects.
- A new coalition has been developed under the leadership of DREAM of Hattiesburg which is the Southern Mississippi Coalition. Their goal is to reduce or prevent alcohol, tobacco, and other drug abuse/use among youth in south Mississippi. The coalition includes: DREAM of Hattiesburg, Inc., Mental Health Regional Center's 11, 12, 13, and 14, Pine Belt Boy Scouts, George County Partnership for a Healthy Mississippi, churches (3), parents, and Girl Scouts (Gulf Coast and Gulf Pines). This coalition has worked together to distribute Center for Substance Abuse Prevention materials to schools, after-school programs, parents and youth throughout the southern region and have implemented a prevention youth conference "Open Space Conference" for 40 students, 12-16 years of age. At this conference students identified issues and possible solutions to alcohol, tobacco, and other drugs in their local communities. Each of the MS Southern Coalition partners will use the information to help those youth in attendance become involved in local programs that address the identified goals.
- Central MS Prevention Services (CMPS) has established five sites all located within urban housing developments to provide after school enrichment activities that will include tutoring and computer assisted learning. Each of these after school programs maintains an enrollment of 20 to 35 youth.
- Region One CMHC continues to implement the Life Skills curriculum with 7th grade students and follow up courses in Life Skills with 8th grade students.
- Region Three CMHC is utilizing the All Stars curriculum and is hosting quarterly workshops with Lee County Youth Awareness Organization twice per month and provides skills-based programming for the Tupelo Juvenile Work Program, which is overseen by the Tupelo Police Department. This organization is also initiating the development of a coalition of prevention service providers in their mental health region.
- Region Six CMHC is utilizing the Parenting Adolescents Wisely curriculum for families of at-risk children and the Incredible Years Program for parents of Head Start children and parents of youth in the school-based therapy program. They also provide a two-day training retreat followed by weekly sessions for students enrolled at two local junior high schools to assist teens in learning and developing coping skills. A peer mediation program and PEER Helpers program have been established at junior high schools which provide a means for conflict resolution.
- Region 13 CMHC continues to utilize the Natural Helpers Program. This program targets 13-18 year old individuals in private/non-public schools.
- Region 14 continues to conduct five, two-hour groups for parents of children in grades 4-7. Topics presented include How to Prevention Drug Abuse in Your Family, Refusal Skills, and How to Strengthen Family Bonds. This organization has also implemented a ten-week life skills training program for male and female adolescents on probation through the Jackson County Youth Court.
- Catholic Charities offered parenting classes that included Effective Black Parenting for

adult female consumers of Catholic Charities' services (Shelter for Battered Families, Second Stage Housing). This organization conducted 70 parenting classes in FY 2003. In addition, 40 life skills small group sessions were conducted with children and youth at the daycare center of this agency.

The Sunshine Shelter provided educational information to parents referred by the Adams County Youth Court due to the abuse/neglect of their children, and skills enhancement for children with poor academic performance and deficiencies in social skills. Topics addressed included social skills, managing peer pressure, making positive choices, and ATOD and violence in the community.

The Metro Jackson Community Prevention Coalition (MJCPC) operates an eight-week Adolescent Prevention Program at the Jackson/Hinds Juvenile Center focused on the development of life skills for youth ages 10-17 to reduce ATOD. Other projects include conducting Botvin's Life Skills Training at Peoples Middle School, three one-week long residential Summer Teen Camps and life skills sessions at community-based after-school programs.

Alternatives: This strategy provides for the participation of the target population in activities that exclude substance use. Examples of types of services and methods used for implementing this strategy include the following: Alcohol-, tobacco-, and other drug-free social/recreational events, community drop-in centers and activities, community services, and youth/adult leadership functions

Metro Jackson CPC sponsored 100 youth to attend Leadership Conferences held throughout the year, which included Alcohol and Drug Studies School, Alcohol/Drug Studies Youth Camp, Teens on the Move. MJCPC also provided 25-45 scholarships to disadvantaged youth in the areas of art and academics such as Jackson State University's Kids Kollege. Alcohol Services Center hosted two talent showcases and encouraged creative art works at Community Centers where youth design posters that discourage ATOD use. Mallory Community Health Center utilized community and youth volunteers to develop and/or identify at least 12 cultural enrichment recreational and youth/adult leadership educational activities and implemented them. Vicksburg Family Development developed Intensive Therapeutic Summer Mini-Camps. They led two day camps for girls and four camps for boys. This program also runs the Male Image and Girls Club programs that target high risk minority males and females. These programs provide systematic life skills deficiency assessment and weekly life skills training to the participants. In addition male and female mentors are recruited and trained to assist with various program components.

Problem Identification and Referral: This strategy is aimed at identifying those who have indulged in illegal/age-inappropriate use of tobacco or alcohol and those individuals who have indulged in the first use of illicit drugs in order to assess if their behavior can be reversed through education. Examples of types of services and methods used for implementing this strategy include the following: Employee assistance programs, student assistance programs, adolescent offender programs.

This strategy is inherent in all prevention programs and is usually conducted on an individual basis. All programs utilize the DADA's Alcohol and Drug Treatment and Prevention Resources Directory to make referrals whenever the need arises. Some of the programs described under the Education strategy (above) could also fall under this category.

Community-Based Process: This strategy aims to enhance the ability of the community to more effectively provide prevention and treatment services for substance abuse disorders. Examples of types of services and methods used for implementing this strategy include: Assessing services and funding, assessing community needs, community/volunteer services, community teams and associated activities, training services, and technical assistance.

- The Metro Jackson Community Prevention Coalition (CPC) is focused primarily on the Metropolitan Jackson area and serves as a catalyst for increased citizen participation through attendance at monthly neighborhood association meetings. Staff members also serve on several councils and coalitions such as the Weed and Seed Steering Committee.
- DREAM, Inc. promotes Mississippi prevention by providing training at state and national workshops, seminars, training sessions, and conferences.
- One component of the required needs assessment is a key informant survey that involves members of the communities.
- All programs are encouraged to collaborate with other agencies within their mental health regions. All CMHCs must conduct quarterly meetings that include substance abuse prevention organizations within their mental health region. Providers that receive funding for prevention from DMH are required to participate in these quarterly meetings.
- Central MS Prevention Services (CMPS) recruits leaders from faith-based organizations and other grass roots organizations and provides the essential training and supports necessary for these organizations to prevent substance abuse. Additionally, CMPS has developed a four-hour curriculum to train members of civic and social clubs in science-based prevention. Follow-up training for all participants is offered annually.

Environmental: This strategy establishes or changes written and unwritten community standards, codes, and attitudes, thereby influencing incidence and prevalence of substance abuse in the general population. Examples of types of services and methods used for implementing this strategy include the following: Public policy changes such as the passage of stronger laws prohibiting drug use/possession, preventing underage sale of tobacco and tobacco products (Synar amendment), preventing underage alcoholic beverage sales, establishing ATOD-free policies, increased penalties for infractions, no-smoking policies and drug testing requirements for employment and other changes aimed at changing environmental codes, ordinances, regulations and legislation. DADA and DREAM collaborate with and advise the Office of the Attorney General and the Department of Transportation in examining current legislation regarding underage drinking, driving under the influence and tobacco access or use. Programs in each mental health region are required to conduct 40 merchant educational trainings to provide information on the law regarding youth access to tobacco. A special one day training was held and informational kits were developed for merchants. Programs are required to collaborate with other agencies funded by DADA to ensure all programs participate in the trainings.

Tobacco Prevention

As requested (and appropriate), the DMH Division of Alcohol and Drug Abuse continued to assist the Office of the Attorney General to determine the annual rate of tobacco sales to Mississippi minors. The division continued to assist the Office of the Attorney General in facilitating local law enforcement efforts, as requested (and appropriate). It is coordinating the final Synar Report for 2003. Mississippi has always been in compliance with negotiated federal Synar rates. The Division of Alcohol and Drug Abuse tobacco inspections began in March, 2003, and were completed in approximately six weeks. The final result this year was a non-compliance of 3.8%.

The Division of Alcohol and Drug Abuse (DADA) continues to conduct some tobacco prevention activities, however, its responsibilities have decreased due to the Partnership for a Health Mississippi. The Partnership (an alliance of hundreds of state wide private and public organizations whose mission is to teach Mississippi youth about the dangers of tobacco) promotes community outreach and education, enforcement of youth access laws, public awareness and advocacy, and prevention and cessation of tobacco. The Partnership originated indirectly from Mississippi's tobacco settlement and currently operates on a 20 million dollar budget.

The Division of Alcohol and Drug Abuse funded tobacco prevention activities for all 15 community mental health centers and at least 13 free-standing prevention programs whose stated objectives in the Block Grant application included emphasis on tobacco prevention efforts. Revised prevention grant guidelines for FY 2003 require all contractors to provide some DMH/DADA approved tobacco use prevention information/education activities. Each mental health region also began conducting merchant education in their area and is required to provide education to 40 merchants before April 1, 2003.

Substance Abuse Treatment Services

In FY 2003, the Department of Mental Health, Division of Alcohol and Drug Abuse continued to support and provide substance abuse treatment services through the 15 regional community mental health centers, two state-operated psychiatric hospitals, and other private non-profit agencies. Services included:

Community-Based Primary Residential Services

In FY 2003, the DADA continued to support community-based primary residential treatment programs for adult males in all 15 community mental health regions. By the conclusion of the fiscal year, women's services were extended into 14 community mental health regions. However, if the female inpatient substance abuse treatment unit at Mississippi State Hospital in Whitfield, MS, is included, women's primary beds are now accessible in all 15 community mental health regions.

Two of the programs, Fairland Center in Clarksdale and Born Free in Jackson, are specifically designed to serve not only pregnant women, but women with young children who can reside at the program with their mothers.

All of these programs give first priority to the admission and treatment of pregnant women. If a facility is unable to admit a pregnant woman due to insufficient capacity, it will make an immediate attempt to place her in another program of the same type in another location or find alternative substance abuse treatment and prenatal care. If the program cannot accomplish this within 24 hours, it will notify the Division of Alcohol and Drug Abuse, which will assist in locating appropriate services. The entire process is to be completed within 48 hours of a woman's request for treatment. The Division of Alcohol and Drug Abuse continues to monitor this CSAT requirement through the utilization of the Capacity Management and Waiting List Form.

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. Two of the programs provided services for both males and females, while the third served males only. Adolescents with dual disorders of substance abuse and mental illness were also accepted in these programs. In FY 2003, 7,112 adults and adolescents received primary residential services.

Table 13
FY 2003 Community-Based Primary Residential Alcohol/Drug Treatment Programs

Location	Program	Agency	Beds
Clarksdale	Fairland Center	Region 1 Community Mental Health Center	47
Oxford	The Haven House	Communicare	32
Tupelo	Region III Chemical Dependency Program	Region III Mental Health Center	28
Corinth	Timber Hills Haven House	Timber Hills Mental Health Services	24
Greenville	Nunan Center	Delta Community Mental Health Services	18
Greenwood	Denton House	Life Help	32
Columbus	Cady Hill & The Pines	Community Counseling Services	31
Jackson	Harbor House	Harbor House, Inc.	44
Jackson	Born Free Residential Treatment Program	Catholic Charities	18
Mendenhall	New Roads	Human Services Center	15
Meridian	Weems Life Care	Weems Community Mental Health Center	20
Brookhaven	Newhaven Recovery Center	Southwest Mental Health Complex	34
Moselle	Clearview Recovery Center	Pine Belt Mental Healthcare Resources	24
Pascagoula	Stevens Center	Singing River Services	18
Gulfport	Live Oaks	Gulf Coast Mental Health Center	18

Table 13 FY 2003 Community-Based Primary Residential Alcohol/Drug Treatment Programs			
Location	Program	Agency	Beds
Vicksburg	Warren-Yazoo CDC	Warren-Yazoo Mental Health Services	21

Table 14 FY 2003 Community-Based Primary Residential Substance Abuse Programs for Adolescents		
Program	Location	Beds
Sunflower Landing	Clarksdale	24
CART House	Starkville	12
Cares Center/The ARK	Jackson	20

Also, during FY 2003, each newly admitted inmate to the Mississippi State Penitentiary at Parchman was screened for alcohol and drug problems; 2301 inmates were admitted to the residential alcohol and drug abuse treatment program at the penitentiary.

Community-Based Transitional Residential Services

In FY 2003, the DMH Division of Alcohol and Drug Abuse continued to support community-based transitional residential substance abuse treatment programs, including several programs designed specifically to serve the following special populations: 1) women transitioning from correctional facilities into the community; 2) dually diagnosed (mental illness and substance abuse) adult males; and, 3) pregnant women and women with small children.

By the conclusion of the fiscal year, the DMH, DADA provided transitional residential services in 11 community mental health regions for adult males and 10 for adult females; 674 adults received these services.

Table 15 FY2003 Community-Based Transitional Residential Alcohol/Drug Treatment Programs			
Location	Program	Agency	Beds
Clarksdale	Fairland Center	Region I Community Mental Health Center	5

Table 15
FY2003 Community-Based Transitional Residential Alcohol/Drug Treatment Programs

Location	Program	Agency	Beds
Oxford	The Haven House	Communicare	16
Tupelo	Region III Chemical Dependency Program	Region III Mental Health Center	16
Corinth	Timber Hills Haven House	Timber Hills Mental Health Services	12
Greenville	Nunan Center	Delta Community Mental Health Services	12
Columbus	Cady Hill & The Pines	Community Counseling Services	14
Columbus	Recovery House	Recovery House, Inc.	16
Jackson	Harbor House	Harbor House, Inc.	27
Jackson	New Beginnings Treatment Program	Catholic Charities	10
Jackson	New Life for Women	New Life for Women	18
Jackson	Center for Independent Learning/Friendship Connection		32
Jackson	Metro Counseling Center	Metro Counseling Center, Inc.	18
Meridian	Alexander House	Weems Community Mental Health Center	17
Moselle	Clearview Recovery Center	Pine Belt Mental Healthcare Resources	24
Pascagoula	Stevens Center	Singing River Services	10
Jackson	MICARE	Mississippi State Hospital	12

Community-Based Outpatient Services

The DMH Division of Alcohol and Drug Abuse continued to make available funding to support general outpatient substance abuse programs located across all of the 15 community mental health regions. Through a contract with a private nonprofit provider, Metro Counseling Center (formerly New Hope Foundation, Inc.), the DMH's Division of Alcohol and Drug Abuse continued to provide funding for day treatment services for women at the Rankin County Correctional Facility. During FY 2003, 10,902 individuals were served in these outpatient programs. At the close of 2003, intensive outpatient services were located in nine community mental health regions. One specifically served adolescents. At the conclusion of FY 2003, 1,019 adults and adolescents received intensive outpatient services.

Hospital-Based Inpatient Chemical Dependency Services

In FY 2003, a total of 140 active (staffed) beds for inpatient chemical dependency treatment for adults were maintained at Mississippi State Hospital and East Mississippi State Hospital, through which 1,152 individuals were served. East MS State Hospital also maintained ten active (staffed) beds for inpatient substance treatment for adolescent males during the fiscal year. In FY 2002 this unit was transferred into a newly built facility, the Bradley Sanders Adolescent Complex, which is located near, but off of the main the East MS State Hospital campus for adults.

Substance Abuse Prevention and Treatment Therapeutic Support Services

Community-Based Aftercare/Outreach and Intensive Case Management Services

The Division of Alcohol and Drug Abuse continued to make funding available to support substance abuse outreach/aftercare services in all 15 CMHC regions. The Division also continued to support a private, non-profit free standing community-based program that implemented Phases III and IV of the Drug Court Program by offering aftercare and intensive case management services to participants; 2,916 individuals were served through these programs during FY 2003.

Services for Dually Diagnosed Adults

In FY 2003, the DMH allocated Substance Abuse Prevention and Treatment (SAPT) block grant funds to the CMHCs for services to individuals with dual diagnosis of substance abuse and mental illness. These funds were targeted for provision of direct services and for training of staff in the treatment of individuals with dual diagnosis. In FY 2003, the CMHCs and the Community Services Divisions at the two larger state psychiatric hospitals reported serving 8,512 adults with a dual diagnosis of substance abuse and serious mental illness.

DUI Diagnostic Assessment Services

The Division of Alcohol and Drug Abuse continued to support DUI assessment and treatment services for convicted DUI multiple offenders, which continued to be available through the 15 community mental health centers and several public/private non-profit substance abuse treatment programs. At the close of 2003, there were 28 sites across the state certified to administer DUI assessment and treatment services.

Services for Former and Current SSI/SSDI Recipients

Throughout FY 2003, the community mental health centers continued to serve SSI recipients in their respective regions and assist them in accessing services.

Vocational Rehabilitation 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 individuals in local transitional residential treatment programs. During FY 2003, 884 individuals were served.

Tuberculosis and HIV/AIDS Assessment/Educational Services

The Division of Alcohol and Drug Abuse continued to provide a co-payment per TB skin test administered to consumers of primary treatment programs. Consumers entering residential treatment programs continued to receive a physical examination upon entering the program. All persons determined to be at high risk for having TB were referred to the Department of Health for additional services.

TB risk assessments and subsequent follow-up testing, as needed, were documented on the DMH Educational/Assessment Form and included in the client file. Most service providers have already expanded TB testing into other types of substance abuse treatment and are utilizing the new documentation form developed by the DMH.

Consumers entering residential treatment programs continued to receive an HIV/AIDS risk assessment and pre/post-test counseling was provided to all clients who elected to receive HIV/AIDS testing. In order to assist the service providers and establish some uniformity to the assessment process, the DMH developed an HIV risk assessment which was approved by the Department of Health.

The Department of Health trained the therapists to provide the assessments and many of the DMH treatment facilities began to utilize the instrument. If a client proved to be "high risk" he/she was asked if they wanted an HIV antibody test. Those clients who volunteered to be tested were referred to an appropriate local health facility.

Additionally, consumers received educational information and materials concerning HIV/AIDS, TB, and STDs, either in an individual or group session during the course of treatment. All of this information was documented on the DMH Educational/Assessment Form and kept in the client file. Client records were monitored routinely for documentation of these activities, as required by minimum standards.

The HIV/AIDS risk assessment and subsequent follow-up testing, as needed, were documented on the DMH Educational/Assessment Form and included in the client file. Most service providers have already expanded administration of the risk assessment into other types of substance abuse treatment and are utilizing the new documentation form developed by the DMH.

Additionally clients, as a requirement of the DMH Minimum Standards for Community Mental Health/Mental Retardation Services to be DMH certified, continued to receive educational information and materials concerning HIV/AIDS, TB, and STDs either in an individual or group session during the course of treatment. Client records were monitored routinely for documentation of these activities.

Referral Services

The DMH Division of Alcohol and Drug Abuse continued to make funding available to support substance abuse outreach/aftercare services in all 15 Community Mental Health Centers and Free-Standing programs as well.

During FY 2003, the Division of Alcohol and Drug Abuse, continued to distribute copies of the 2003-2004 edition of the Mississippi Alcohol and Drug Treatment and Prevention Resources directory as requests continued on a regular basis. Also, this edition of the directory was placed on the DMH Internet web site for those in need of services.

During FY 2003, the Office of Constituency Services received and processed approximately 1,723 calls requesting substance abuse information or assistance in finding treatment and/or other related/support services. Over twenty-four (24) categories of "problems/needs" were addressed. These included: Emergency/Crisis, Detoxification, Residential for Adolescents, Residential for Adults, Outpatient, DUI, Aftercare, Commitment to state psychiatric hospital chemical dependency unit, etc.

Other Substance Abuse Prevention and Treatment Support Services

Collaboration with Other Service Systems

The DADA Prevention Unit is confident that the Mississippi Alliance for Prevention (MAP) grant project (described previously) will enhance collaboration among state agencies who play a role in prevention services in our state.

The **Mississippi Executive Prevention Council (MEPC)** facilitates communication among local and state agencies/entities involved in substance abuse. The MEPC consists of representatives from many state agencies including the Mississippi Departments of Education, Health, Public Safety, Human Services, the Mississippi National Guard and the Office of the Attorney General. The mission of the MEPC is to coordinate assistance and support for the people of Mississippi in addressing comprehensive health issues such as alcohol, tobacco, other drug, and violence prevention. MEPC goals and objectives target the ongoing problems associated with alcohol, tobacco, and other drug use, and violence. Activities performed include, but are not limited to: serving as the advisory council to MAP; assisting state and local agencies and organization in obtaining discretionary state and federal funding; training individuals, community leaders, educators, students; providing information services to Mississippians; and, serving as prevention resources for health issues. The prevention services staff attends all quarterly meetings. As a result of being named the Advisory Council for MAP by Governor Ronnie Musgrove, the council now has four active workgroups that include sustainability, state systems change, public relations, and research/best practices.

The **Prevention Group** which has been incorporated into the MEPC since membership has expanded to include all state agencies.

DMH works closely with the **Office of the Attorney General** in enforcement of the state statute prohibiting the sale of tobacco products to minors and ensuring that the state Synar compliance check survey was completed in a scientifically sound manner. The Office of the Attorney General has authority to enforce the Youth Tobacco Prevention Act. DADA relies on them to assist in meeting compliance with federal negotiated Synar rates. The DADA and the Attorney General's Office work closely together to ensure the youth are adequately trained, that they carry out the inspections by the recommended process and that DMH funded programs provide appropriate merchant education. The agencies also work

together to address necessary legislative action that further assist in preventing youth access to tobacco products.

The DMH collaborated with the **MS Department of Education** during the school year 2002-2003 to fund a student survey for students in grades 6-11. The survey was completed by a web-based survey tool called SmartTrack™ developed and administered by DREAM, Inc.

In FY 2003, the DMH Division of Alcohol and Drug Abuse continued its contract with the Department of Rehabilitation Services (**Office of Vocational Rehabilitation**) to provide rehabilitation services to substance abusers in local transitional residential programs.

The **Dual Diagnosis Task Force** functions to ensure that quality and appropriate dual diagnosis services are being provided throughout the state. This task force is administered by the DMH, Division of Community Services, however, the members consist of professionals in the field of substance abuse and mental health, crisis residential treatment directors, a consumer of dual diagnosis services, family members of persons with co-occurring disorders and representatives of the Divisions of Community Services, Alcohol and Drug Abuse Services and Children and Youth Services. During FY2003 meetings, the Task Force addressed several objectives. These included the implementation and monitoring of the Dual Diagnosis Guidelines, evaluation of the 2003 annual conference and plans for the 2004 annual conference. The 7th Annual Conference on Co-Occurring Mental health and Substance Related Disorders was held at the Clarion Hotel in Jackson, Mississippi. The keynote speaker was internationally renowned speaker, Dr. Scott Miller of Chicago, Illinois. Approximately, 200 participants were in attendance.

The DMH Division of Alcohol and Drug Abuse continued funding to support one 12-bed residential transitional facility for individuals with dual disorders (substance abuse and mental illness). The Division contracted with **Mississippi State Hospital (MSH), Division of Community Services** to operate this program, which served 24 individuals in FY 2003.

Mississippi Alliance for School Health (MASH) consists of approximately 190 members from a diverse group of agencies and disciplines. A DMH DADA staff member currently serves on the Executive Board. The third annual conference entitled, "Mississippi Institute on School Health, Wellness and Safety" was held in June, 2003, in Biloxi, MS.

Mississippi Association of Addiction Professionals (MAAP) is currently the only certifying body for alcohol and drug abuse counselors in the state of Mississippi. The 2003 Annual Conference was co-sponsored again by the Division of Professional Development. The conference was held July 16-18 at Silver Star Conference Center and Casino in Philadelphia, Mississippi. DADA staff were involved with the conference as conference committee members and conference speakers. The keynote speaker for the conference was Dr. Patrick Carnes.

Approximately, 100 participants were in attendance. One of the DADA staff, Ms. Charlotte Burrell was elected President-Elect of MAAP and will take office at the 2004 conference.

MAAP began offering certification for prevention professionals in Mississippi during FY 2003. Three designations are available: Associate Prevention Specialist (APS), Certified Prevention Specialist (CPS), and Certified Prevention Manager (CPM). An Associate Prevention Specialist has no degree requirement and is not required to take a written test. A Certified Prevention Specialist must have a minimum of a Bachelor's Degree and is required to take a nationally certified test. A Certified Prevention Manager is a Prevention Specialist who is in management. Currently, MAAP has five Associate Prevention Specialists in the state. Several other individuals are certified through the state of Alabama and are in the process of transferring their certification to Mississippi.

Discussions between the Department of Education's Safe and Drug Free School Coordinator and the DADA Prevention Services Coordinator surrounding the issue of a lack of collaboration between school prevention personnel and community-based prevention personnel, resulted in the **Safe and Drug-Free Schools and Communities Model Programs Showcase Conference**. The conference was designed specifically for Prevention Coordinators from programs supported by DADA and Safe and Drug Free School Coordinators supported by the Department of Education. Other co-sponsors included the Southeast Comprehensive Assistance Center (SECAC), and CSAP's Southeast Center for the Application of Prevention Technologies (SE CAPT). The conference had two goals: to encourage collaboration and further networking between community-based prevention professionals and school-based prevention professionals, and to provide an opportunity for individuals to become more familiar with some of CSAP's Model Programs. Seven vendors were at the conference and attendees could meet with each vendor to learn more about the Model Programs. The science-based programs that were represented included: Preparing for the Drug-Free Years, Life Skill Training, Project Northland, Too Good for Drugs, Project ALERT, Across Ages, and Keep a Clear Mind. In addition, the plenary session was appropriately titled "Collaboration Among the Agencies." DADA's Prevention Coordinator presented on "Current Events for Prevention in Mississippi."

The Chief of the DMH, Bureau of Mental Health serves on the Board of the **MS Council on Compulsive Gambling** and the DADA Prevention Services Director serve on the Advisory Council. Both attend bi-annual meetings. The Prevention Services Coordinator serves on the **Children's Services Task Force (CSTF)**. The CSTF focuses its efforts on sharing information to facilitate the development of a statewide system of care for children with serious emotional disturbance (SED). The task force networks with other committees concerned with children's mental health issues and makes recommendations to the full DMH Planning Council. Members include representatives from state agencies, advocacy organizations, non-profit children's services organizations and parents of children with SED.

The Prevention Services Coordinator serves as the Southeast Representative for the **National Prevention Network (NPN)**, which includes alcohol, tobacco and other drug prevention professionals dedicated to comprehensive and effective services to reduce the incidence and prevalence of problems associated with alcohol, tobacco, and other drugs and to promote well being and health. NPN consists of State and territorial designees, appointed by their State or territory's Single State Agency (SSA) Director. NPN is the prevention component of the National Association of State Alcohol and Drug Abuse Directors (NASADAD). As the NPN for Mississippi, the Prevention Services Coordinator participates in monthly conference calls to discuss and plan for national initiatives and network with NPNs from other states. National meetings are also held twice a year for the full NPN membership. The Coordinator also serves on the Public Information and Media Committee for the NPN by participating in monthly conference calls and attending meetings twice per year. This committee serves as a conduit between partner organizations and individual states regarding public relations, information, media campaigns and new prevention initiatives.

The Employee Assistance Program Services Director continued as a member of the **International Employee Assistance Professionals Association**, which facilitates communication among public and private EAP providers throughout the nation.

The EAP Services Director is included on the list of instructors for elective courses offered by the Mississippi Certified Public Managers Program administered by the **Mississippi State Personnel Board** for state employees.

Two staff members from the DADA are part of the DMH committee which collaborates with the **Mississippi Emergency Management Agency (MEMA)** in the event of disasters. Primarily this

committee ensures that mental health counselors and other pertinent personnel are available and trained in the correct procedures to follow in order to give assistance and support to the individuals affected by the disaster and in need of mental health/substance abuse services and/or support.

Human Resources Development (training, technical assistance, continuing education, etc)

The following training, technical assistance, and/or continuing education events were conducted, co-sponsored, sponsored, and/or attended by the DADA staff during FY 2003.

The 43rd Southeastern School of Alcohol and Other Drug Studies is designed to address the need for knowledge and skill development through advanced training and networking for individuals who are involved in preventing and treating problems caused by the use of ATOD. The SSA Director serves on the Southeastern Conference Board and the Prevention Services Coordinator serves as the State Coordinator.

The 27th Annual MS Summer School of Alcohol/Drug Studies was held in Biloxi, Mississippi and was supported by DADA, through the provision of partial or full stipends for 88 participants.

Training, technical assistance, and/or continuing education events that were conducted, co-sponsored, sponsored, and/or attended by various DADA staff also included: the Mental Health Dual Diagnosis Conference, Jackson State Prevention Conference, Mental Health Community Conference, Department of Mental Health HIPAA Training, MS Association of School Health Super Conference, Career Development Conference, Certified Public Manager Training, Emergency Management Training, Developmental Disabilities Conference, DREAM HIV/AIDS Prevention Training, State Department of Health AIDS Conference, Prevention Ethics Training, Pharmacology Training, Community Mental Health/Mental Retardation Conference and Minimum Standards Training.

Prevention Technical Assistance

This year, Prevention staff from DADA has visited numerous funded and certified programs offering various forms of individual technical assistance, either by request from the program or if the need was determined by DADA. Staff provided feedback on grant proposals, information on resources available in the state and on the Internet, suggestions for collaboration, and specific brainstorming on problem areas.

Both professional staff in prevention services completed the Certified Public Manager training and are currently enrolled in the LMH/MRA program. (Licensed Mental Health/Mental Retardation Administrator) Both also attended the Safe and Drug-Free Schools and Communities Model Programs Showcase, DMH Dual Diagnosis Conference, the DMH Annual Mental Health/Mental Retardation Conference, the Annual NASADAD/NPN Conference, the Annual Conference on Alzheimer's Disease and Other Dementia, Southeastern School for Alcohol and Drug Studies, and the NPN Research Conference. Prevention staff also attended a number of prevention trainings on topics such as drug pharmacology, disruptive audiences, ethics and prevention, and data collection. The Prevention Director conducted a one week training with the Red Cross HIV/AIDS trainers. One staff person attended the CAPT's Training of Trainers and received training and materials for Project Alert.

As part of their contract with DADA, several funded programs offer technical assistance to other prevention professionals statewide. These programs include Jackson State University's Alcohol and Other Drug Studies Center, DREAM, Inc., and DREAM of Hattiesburg. By request and with funding provided by DADA, the following Prevention Training was provided by the contracted agency, DREAM, Inc.:

- Sixteen prevention professionals attended 15 hours of Training the Trainer curricula, which specifically targeted professionals who had previously completed 40 hours of training based on CSAP's Western Center for Applied Prevention Technology's curriculum.
- Twenty-three persons attended the 40 hour Substance Abuse Prevention Specialist Training.

DADA is currently investigating a formal certification process for prevention personnel. The DMH is responsible for certifying prevention programs; all programs that are funded by DMH must receive certification. To facilitate prevention staff's earning their prevention certification through the state chapter affiliated with the National Association of Alcohol and Drug Abuse Counselors, the following additional training was provided on the following topics: Disruptive Audience Behavior (29 persons), Prevention Ethics (32 persons), HIV/AIDS Prevention Training (59 persons), Drug Pharmacology Training (25 persons), Data Collection Training (50 persons) and Prevention Exam Review (23 persons).

The Division of Alcohol and Drug Abuse continued to distribute copies of the needs assessment study reports to relevant parties, such as various state and federal agencies, private researchers, students, and the general public, as requested. The Division continued to review the needs assessment study outcomes, and the allocation of any additional available funding was considered with respect to these outcomes.

During FY 2003, the Division of Alcohol and Drug Abuse submitted another grant application to SAMHSA to conduct a second Needs Assessment study. At the conclusion of the year the Division had been notified by SAMHSA that Needs Assessments were no longer going to be conducted.

Prevention Needs Assessment

Mississippi has based the development and implementation of an alcohol and drug abuse prevention and treatment services delivery system on the Ideal Service Delivery Model. The ideal system envisioned for substance abuse services depicts a comprehensive, statewide system of prevention, treatment, quality assurance, and support services. For those components of the system, annual objectives generally address maintaining the availability of services or increasing the accessibility or quality of services. Efforts to maximize and increase human and fiscal resources necessary to sustain and build the system are ongoing.

The Five-Year Substance Abuse Prevention Plan was finalized and implemented in FY 1998. During FY 1999, DADA staff continued to implement this plan. After an annual review of the plan, based upon progress achieved during the plan's implementation period, continued service provider input, and continued technical assistance and feedback received from CSAP, no revisions to the plan were made.

In FY 2001 funding was increased, resulting in a total of five regions with full-time prevention personnel. The regions were chosen based on a Needs Assessment Survey conducted by the DADA Advisory Council and the results of a Needs Assessment study funded by the Center for Substance Abuse Treatment (CSAT). Regarding the Needs Assessment, the funding received from CSAT allowed Mississippi to complete a statewide study to assess the demand and need for substance abuse treatment services at the sub-state level. All studies were completed and final reports were written by the end of FY 1999. The studies most utilized include the Adolescent Study, the Social Indicator Study, and the Household Study. Results revealed that Mississippi was above the national averages for monthly prevalence of alcohol, cigarettes, smokeless tobacco, steroids, marijuana, and hallucinogens use. The results also suggested that younger students in MS may be trying drugs than before which could mean a more dramatic increase of drug use in the future. For example the Adolescent Study showed that Mississippi Youth were above the national average in their use of alcohol. The results identified certain

regions that needed more prevention services aimed at alcohol use including the Mississippi Delta and the Gulf Coast area. Based on this data, DADA increased funding to the Gulf Coast Mental Health Center to allow for a full-time prevention person on the Gulf Coast with the Delta to receive the next increase when available.

Prevention staff also conducted a Key Informant Survey Summary in 2002-2003 statewide. Program administrators were asked to identify key people within their service region's communities, schools, non-profit organizations. Local governmental offices who deal with local social/medical problems and who play significant roles in decision making or could be viewed as "stake holders" to the participants in the MS Department of Mental Health, Division of Alcohol and Drug Abuse programs. These identified individuals served as the target population for this study. A total of 442 participants responded fully to the survey.

As mentioned previously, in 2002-2003, the Mississippi Department of Education (MDE) and DMH funded a student survey. SmartTrack™, an Internet-based data collection tool, contains an anonymous student survey that collects, accumulates and stores all school, district, and state student prevalence data regarding alcohol, tobacco or other drug use and violence, as well as pertinent data relating to risk and protective factors in the individual, peer, school, community, and family domains. Once the surveys are submitted, they are instantly tabulated and available for use. The results of the FY 2003 survey have been analyzed from statewide and mental health region perspectives and are available to prevention programs.

Another survey used to plan for prevention activities included The Youth Risk Behavior Survey conducted by the MS State Department of Health. The most current YRBS survey conducted is 2001-2002. It is a school-based survey of public high school students in grades 9-12. A Youth Tobacco Survey was also conducted in March 1998 and March 1999 that continues to be utilized by DMH and by the prevention programs in determining level of need.

DADA also utilizes information derived from their participation on the Mississippi Executive Prevention Council (EPC).

Division of Alcohol and Drug Abuse Advisory Council

The Division of Alcohol and Drug Abuse Advisory Council serves as an important mechanism for public input. The Council exists to advise and support the Division of Alcohol and Drug Abuse, to promote and assist in developing effective treatment and prevention programs, statewide, and to promote the further development of alcohol and drug treatment programs at the community level. A minimum of twenty-five (25) council members are appointed by the State Board of Mental Health from a list of nominations submitted by the Division of Alcohol and Drug Abuse Advisory Council. Members serve a term of four years and may be re-elected. The Council members represent a broad range of geographic, ethnic, and socio-economic backgrounds. The Council meets quarterly or more often as needed. Members' duties include:

- participating in the Department of Mental Health's peer review process.
- participating in various committees, conferences and meetings relating to the prevention and treatment of substance abuse. For example, the Advisory Council serves as a liaison between the Division of Alcohol and Drug Abuse and the programs it funds and certifies. Members have assigned programs which they visit and report pertinent information to the Division such as needs, questions, etc. that the programs may not have wanted or had the opportunity to discuss with the division directly. This assists the division with communication and support of the programs. Also, the DADA Advisory Council has

conducted Provider Surveys of the substance abuse prevention and treatment programs through which significant information is collected and submitted to the DADA.

Substance Abuse Prevention and Treatment Quality Assurance Services

Certification and Monitoring

During FY 2003, certification and review of programs were monitored on a scheduled basis. Programs funded under DADA are certified every two years except those free-standing programs which are non-funded programs and are certified annually. Substance abuse standards have been reviewed to improve clarity and consistency. Substance abuse and treatment personnel must meet the necessary educational requirements in order to be certified in their field and hold the appropriate license. Additionally, new standards which went into effect July 1, 2002 meet certain federal requirements of the Substance Abuse and Mental Health Services Administration (SAMHSA), which is the division's primary funding source through the SAPT Block Grant.

In accordance with CSAT requirements, SAPT Block Grant funds are allocated to service providers through budget line items or through purchase of services. Each service provider submits a budget in their annual grant application to the DMH, DADA. No grants were awarded to a service provider that designated funds to be utilized for the purchase of hypodermic needles or syringes. Additionally, all awarded funds were distributed to the service providers through a cash reimbursement process. All cash requests were screened for budgetary compliance as they were received by the DMH. No service provider was reimbursed for a reported expenditure for hypodermic needles or syringes. Finally, all programs were fiscally and programmatically monitored by the DMH to determine compliance with grant and purchase of service agreements.

The Minimum Standards for Community Mental Health/Mental Retardation Services provides extensive guidelines and regulations governing the compilation, storage, and dissemination of individual records that ensure individuals' rights to privacy and maintenance of confidentiality of case records and information. Providers were reviewed for compliance with confidentiality standards during the regularly scheduled monitoring visits by the DMH staff. All DMH-certified programs are also required to provide, at least annually, staff development/training regarding the confidentiality of consumer information and records. Documentation of the training was reviewed during site/certification visits.

Peer Review

The following is a list of Peer Reviews completed for FY 2003. Two of the programs reviewed by peers were in CMHCs: Region 2/Communicare/Oxford, MS and Region 15/Warren/Yazoo Mental Health/Vicksburg. Free-standing facilities which were involved in Peer Reviews were Metro Counseling Center in Jackson, MS DREAM of Hattiesburg in Hattiesburg, MS and MS Band of Choctaw Indians in Philadelphia, MS. Two of the programs were prevention programs and one was certified for outpatient, aftercare and transitional residential services. Among the Peer Reviewers were members of the Alcohol and Drug Abuse Advisory Council, community mental health center staff, and staff from both prevention and treatment free-standing facilities. All members received an updated Peer Review Orientation Manual.

Consumer Grievances and Complaints Reporting System

See previous section on the Office of Constituency Services.

Performance Outcome Measures

Once finalized, this instrument will be distributed to selected alcohol and drug treatment programs. A proposed revision in the DMH Minimum Standards would require service providers to complete a functional assessment at designated time periods. Additionally, the DMH Division of Alcohol and Drug Abuse will establish a method to compile data collected from DMH-funded substance abuse treatment providers through the Mississippi Substance Abuse Management Information System (MSAMIS), the Division's data collection system. Information gathered through MSAMIS will be utilized by the division to further assess the performance of its providers. These two systems of measurement (the functional assessment instrument and MSAMIS data collection and analysis) will be utilized to obtain performance/outcomes information in three areas or domains: access to services; appropriateness of services rendered; and, desired outcomes of services rendered.

Mississippi Substance Abuse Management Information System (MSAMIS)

The Division of Alcohol and Drug Abuse continued to collaborate with the Division of Information Systems to improve the quality and expediency of substance abuse data collection. The division also assisted the Division of Information Systems by attempting to improve the accuracy of the Inventory of Substance Abuse Treatment Services (ISATS) and providing additional information requested by SAMHSA on the National Survey of Substance Abuse Treatment Services (NSSATS).

EMPLOYEE ASSISTANCE PROGRAMS SERVICES

The DMH Employee Assistance Program (EAP) Instruction Manual was completed and distributed to the representatives of the state agencies that attended the one-day seminar conducted by the DMH EAP Services in August, 2001, and other pertinent individuals and agencies. Also, the EAP Services Director gave a copy of the new manual and instructions in its use to all new state agencies to which consultations were conducted. By the conclusion of FY 2003 over 40 state agencies had operating EAPs and the EAP Services Director had contacted other entities regarding the establishment of EAPs.

INPATIENT MENTAL HEALTH AND ALCOHOL/DRUG ABUSE SERVICES 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** Mississippi State Hospital (MSH) in Whitfield and East Mississippi State Hospital (EMSH) in Meridian) and two **acute regional psychiatric hospitals**, North Mississippi State Hospital (NMSH) in Tupelo and South Mississippi State Hospital (SMSH) in Purvis, operated by the Department of Mental Health through the Bureau of Mental Health.

Both MSH and EMSH 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. Public short-term inpatient psychiatric and chemical dependence services for adolescent males in the state are provided at East Mississippi State Hospital, and short-term inpatient psychiatric services for children and adolescents are provided at Mississippi State Hospital. Nursing facility services are located on the campuses of both of these hospitals. North Mississippi State Hospital and South Mississippi State Hospital provide acute psychiatric services to adults in designated regions of the state.

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 of this report for more information on these service components.)

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 7, 10 and 14. Individuals in Region 4 and 12 who have substance abuse needs or require longer term treatment than that provided by North Mississippi State Hospital and South Mississippi State Hospital may be transferred to EMSH for continued services. Chemical dependency services for adolescent males at EMSH, however, are available to all counties. EMSH is licensed by the Mississippi Department of Health, Division of Health Facilities Licensure and Certification.

Major Services

The EMSH's major service units are as follows:

Adult Psychiatric Receiving Unit provides assessment, diagnostic and treatment services to male and female patients over the age of 18 in a comprehensive program which emphasizes individualized treatment planning and educational and supportive services for patients and families. Psychiatric and psychological services including group and individual therapy, family education, and placement and discharge planning services are among the services provided.

Adult Continuing Care Unit provides individualized services for adults with serious mental illness (over the age of 18) whose symptoms have not stabilized and who may require longer periods of treatment prior to discharge.

Adult Alcohol and Drug Unit provides substance abuse treatment for males over the age of 18 in a 28- day program which emphasizes an educational approach and introduction to the principles of Alcoholics Anonymous and Narcotics Anonymous.

The **Adolescent Psychiatric and Chemical Dependency Service** provides short-term treatment for adolescent males (ages 12 years to 17 years, 11 months) with mental illness, emotional disturbance and/or substance abuse. This program uses a treatment model which emphasizes the connections between thinking, attitude and behavior. Educational services are provided through **Magnolia Grove School**, which is fully accredited by the Mississippi Department of Education.

Medical Care Unit provides medical and nursing services to patients who require close observation as they recuperate from an illness or surgery. Care is limited to basic medical treatments; patients may be referred to community hospitals if more extensive services are needed.

Reginald P. White Facility provides nursing home services to residents referred from the general population of EMSH as well as from the community at large. This facility is fully licensed by the Division of Health Facilities Licensure and Certification of the Mississippi Department of Health and meets certification requirements for Medicaid.

Division of Community Services provides an array of programs to educate and assist adult psychiatric patients to function more independently in the community, including group homes and supervised apartments, transitional living services, psychosocial rehabilitation, case management, and specialized services for homeless adults with mental illness.

MISSISSIPPI STATE HOSPITAL (MSH)

Mississippi State Hospital (MSH), the largest of the state-operated psychiatric facilities, is located in Whitfield, MS. MSH serves 51 of the state's 82 counties, primarily in the western two thirds of the state. MSH's service or catchment area includes community mental health regions 1, 5, 6, 8, 9, 11, 13, and 15. Individuals from Regions 2 and 3 who have substance abuse needs or who require longer term treatment than that provided by North Mississippi State Hospital may be admitted or transferred to Mississippi State Hospital for treatment. Chemical dependence treatment for women and forensic services are available to all counties.

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.

Major Services

Psychiatric Services are divided into acute, intermediate treatment, and continued treatment. The Acute Service provides for the needs of adults who are evaluated, stabilized and treated in the receiving units. The Intermediate Treatment Service is for adults who are determined to be in need of treatment beyond that provided on receiving units for the purpose of ensuring a more successful transition to the community when discharged from the hospital. The Continued Treatment Service is designed for adults needing continued stabilization and long-term treatment.

The **Medical Psychiatry Receiving Unit** provides evaluation and short-term treatment to men and women of all ages who have substantial medical needs as well as psychiatric problems.

The **Child and Adolescent Unit** (Oak Circle Center) is a 60-bed acute psychiatric 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 Department of Education.

Forensic Services provides pre-trial evaluations and limited treatment for criminal defendants from the Circuit Courts throughout the state. The competency of individuals to stand trial is determined through an evaluation process. Other individuals served have been to trial and are returned to the hospital by the courts as “not guilty by reason of insanity.”

The **Chemical Dependency Unit**, made up of three units with a total of 115 beds (active, staffed), treats individuals for alcohol and/or drug problems. There are two separate units for males and females. The service also provides a unit for men 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, work on the first four or five Steps of the Alcoholics Anonymous 12-Step Program and aftercare planning.

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

The **Community 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, a transitional apartment program, and the Mental Illness with Chemical Addiction Recovery Environment (MICARE), a group home for persons with dual diagnoses of mental illness and chemical addiction.

Jaquith Nursing Home is a 479-bed, fully licensed nursing home comprised of 10 buildings on the Mississippi State Hospital campus.

NORTH MISSISSIPPI STATE HOSPITAL

North Mississippi State Hospital (NMSH) opened in April, 1999, and provides acute psychiatric services to adults from community mental health regions 2, 3, and 4. As an acute care hospital, the length of stay for most individuals admitted to NMSH is intended to be 14-21 days. Emphasis is placed on a total continuum of care, including pre-admission, inpatient, aftercare, and crisis intervention services.

SOUTH MISSISSIPPI STATE HOSPITAL

South Mississippi State Hospital (SMSH), the second acute-care regional psychiatric facility in the state, opened in June, 2000. SMSH serves a 10-county area. Services and length of stay are similar to those at North MS State Hospital.

NMSH and SMSH are designed to: provide more immediate access to acute stabilization services; reduce the need for longer-term stays or continued treatment at the two large state hospitals in Meridian and Whitfield; and, coordinate services with community mental health services in their respective regions to facilitate continuity of care before admission and after discharge, thereby reducing the potential for re-hospitalization. By NMSH and

SMSH making acute psychiatric care services accessible to individuals' homes, their family and friends can more actively support the treatment, aftercare and recovery of individuals served at the hospitals.

CENTRAL MISSISSIPPI RESIDENTIAL CENTER (CMRC)

In FY 2003, renovation of the former Clarke College property in Newton, MS, now the Central MS Residential Center, continued. The CMRC will enable the Mississippi Department of Mental Health to provide a specialized treatment program for adults with long-term, serious mental illness, including persons discharged or transferred from the state psychiatric hospitals. The program is based on a bio-psychosocial rehabilitation model and when fully operational, will include a total of 168 beds (144 in on-campus personal care homes and 24 in supervised apartments). Three off-campus group homes, with an additional 18 beds are also planned as a component of CMRC's services. CMRC will provide a range of services, such as medical care, educational, vocational and recreational services, individual and group therapy, and administrative and physical facility support services. The component of CMRC that was open in FY 2003 is a day program for persons with Alzheimer's disease and other forms of dementia.

Table 16
EAST MISSISSIPPI STATE HOSPITAL Fiscal Year 2003-Institutional Services

Institutional Services	Adult Psychiatric Services	Adolescent Service	Adult CDU Services	Nursing Homes	Totals
Inpatients (7-1-02)	303	44	25	213	585
Additions	648	160	334	38	1,180
Discharges	652	161	324	39	1,176
Inpatients on June 30	273	44	35	212	564
Average Daily Census	312	35	24	213	584
Active Beds* on 6-30-02	332	50	25	226	633
Licensed/Approved Beds** on 6-30-02	332	50	25	228	635
Days of Patient Care	113,927	12,918	8,720	77,595	213,160

* 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.

Table 17 EMSH Community Services, FY 2003

Community Services	Total Clients Served*
Alternative Living Arrangements (Group Homes & Apartments)	122
Case Management Program	182
Amenity Center	30
Psychosocial Rehabilitation	190
Homeless Program	44
Training Center	63

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

Table 18
MISSISSIPPI STATE HOSPITAL FISCAL YEAR 2003 - Institutional Services

Institutional Services	Psychiatric Hospital	Chemical Dependence Unit (Adult)	Med./Surg. Hospital	Nursing Home	Adolescent Unit	Totals
Inpatients (7-1-02)	571	94	10	457	43	1,175
Additions	1,062	727	103	92	213	2,197
Discharges	910	914	100	88	209	2,221
Inpatients (6-30-02)	550	83	16	417	46	1,112
Average Daily Census	543	89	18	436	36	1,132
Active Beds*	633	115	32	479	60	1,319
Licensed/Approved Bed Capacity**	1,347	132	43	479	60	2,061
Days of Patient Care	203,511	35,712	6,615	159,218	13,088	418,144

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

** Licensed Bed Capacity: The maximum number of beds approved by the state licensing (certifying) agency for the facility's use in providing inpatient lodging. Of Mississippi State Hospital's total licensed bed capacity, 281 beds are in closed buildings, and 461 beds are not currently staffed or equipped to appropriate patient care. (2,061 - 1,319 = 742)

Table 19
MSH Community Services - FY 2003

Community Services	Total Clients Served*
Alternative Living Arrangements	88
Case Management	416
Psychosocial Rehabilitation	140

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

PROGRESS AND SERVICE HIGHLIGHTS IN FY 2003 INPATIENT PSYCHIATRIC FACILITIES

Planning

Each of the four regional psychiatric hospitals engaged in various planning activities in FY 2003 to improve operations of the facilities. Planning activities included:

East Mississippi State Hospital

The administration of East Mississippi State Hospital plans and coordinates facility activities through various committees and leadership meetings. Planning activities centered around evaluation of the hospital's budget, current and proposed programming, staffing, capital improvements, renovations and repairs as well as expenditures necessary to meet federal and state regulations. The following represents planning activities undertaken to improve facility operations and services at East Mississippi State Hospital during FY 2003.

In anticipation of several capital improvement activities that would necessitate a temporary census reduction in the Adult Psychiatric Continuing Care Services area, 24 beds were removed through the natural attrition of individuals receiving services being discharged or transferred to less restrictive or more appropriate environments.

By the end of FY 2003, the Policy Review Committee had completed review and revision of the Hospital Policy and Procedure manual, which was awaiting approval by the East Mississippi State Hospital Administrator and Internal Governing Board.

During FY 2003, East Mississippi State Hospital (EMSH) implemented activities to ensure compliance with the Health Insurance Portability and Accountability Act (HIPAA), such as: appointment of a Coordinator/ Privacy Officer and a HIPAA Security Officer; functioning of a Compliance Committee to aid in the evaluation of the organization's compliance and to make recommendations for policies and procedures as they related to HIPAA; such as quarterly facility checks to assess privacy issues throughout the facility and provide feedback to various units and departments regarding its findings; adoption of the EMSH HIPAA Privacy Policy by the EMSH Internal Governing Board; provision of training for all employees on the HIPAA Privacy Rule and its implications for the hospital; establishment of an in-house, monthly newsletter to keep staff informed of privacy and confidentiality issues; revision and dissemination of employee confidentiality agreement; revision of business associate agreements; and integration of policies and procedures to investigate complaints regarding protected health information with the hospital's grievance and compliant process.

During FY 2003, the Admissions Department made improvements to its operation, including an improved admission data entry process into the ECHO database to enhance accessibility to waiting list and hospital admission information and the purchase of upgraded patient identification software and cameras.

The Community Services Division implemented vocational rehabilitation services for individuals receiving services at its Amenity Center through Allied Services, a certified work activity center.

During FY 2003, a Dual Diagnosis Recovery Anonymous group was incorporated throughout the hospital and the Community Services Division. Dual Recovery Anonymous is an independent, self-help process through which individuals help one another achieve dual recovery, prevent relapse, and carry the message of recovery to others

who are experiencing a dual disorder. The Dual Diagnosis Program was renamed to Dual Recovery Program to place emphasis on recovery.

EMSH staff also continued to participate on statewide interagency committees that involve planning or improving mental health services in the state. For example, the Director of Professional Development and the Director of Staff Development attended quarterly Staff Development Director meetings to promote networking with Staff Development Directors from other Department of Mental Health facilities and from the Department of Mental Health Central Office; the Social Work Supervisor, the Director of Community Services and the Director of the Adolescent Services Complex served on the Department of Mental Health Continuity of Care Committee; the HIPAA Coordinator, the Quality Assurance / Risk Management Division Director, the Health Records Director and Computer Services staff member participated in the Department of Mental Health HIPAA Workgroup meetings held to collaborate with other Department of Mental Health facilities; the HIPAA Coordinator and staff member from Computer Services attended the HIPAA State Agency Workgroup Security meetings; a staff member of the Patient Advocate Office served on the Board of Directors of the Mississippi Industry for the Developmentally Disabled; the Director of Psychology and the Director of Professional Development served on the State Curriculum Committee for certification and licensing of Certified Mental Health Counselors or Licensed Mental Health Counselors; and, the Director of Social Services chaired the Mississippi State University School of Social Work Advisory Board.

Mississippi State Hospital

The Planning and Policy Development Director coordinated and facilitated the organization's planning process in Fiscal Year 2003. Hospital Planning Committee members participated in four meetings during the year in which the organization's goals and objectives were developed, monitored, and refined. Results of these meetings yielded the development of the annual *Plan for Professional Services*, which was approved by the Mississippi State Hospital Director and Assistant Director. Two additional strategic planning sessions were held with the Director, Assistant Director and Clinical Director which examined external factors affecting the organization's future direction. MSH staff also participated in numerous community and statewide interagency associations, committees and groups. These statewide associations are active in planning or improving mental health services statewide and/or specific to MSH. Some examples include: American Association of Mental Retardation, American Dietetic Association, American Organization of Nurse Executives, Association of Healthcare Management, Board of Trustees of Leadership Rankin, Brandon Lions Club, Central District Dietetic Association, Certified Public Managers Association, Crossgates Exchange Club, DMH Case Management Task Force, DMH Dual Diagnosis Task Force, Consumer Rights Committee, DMH Continuity of Care Committee, DMH PATH Task Force, MS State Mental Health Planning Council, HIPAA State Agency Workgroup, Mental Health Association of the Capital Area, MISSIONLinks, MS Society for Hospital Social Workers, Mississippi Association for Healthcare Quality, Mississippi Hospital Association (Behavioral Health), Mississippi Dietetic Association, Mississippi Mental Health Association, Mississippi Pharmacists Association, Mississippi Protection and Advocacy Advisory Council; Mississippi Society of Consultant Pharmacists; Mississippi Society of Health Systems Pharmacists; Multidisciplinary and Assessment Planning Team; National Alliance for the Mentally Ill; National Association for Healthcare Quality; Partners to End Homelessness Coalition; Rankin County Chamber of Commerce; Red Cross; and, the Southern Regional Conference on Mental Health Statistics.

North Mississippi State Hospital

North Mississippi State Hospital (NMSH) improvement efforts are based upon a formal committee system that allows for continuous strategic planning and improvement of facility operations and services. Several interdisciplinary key function review committees are assigned the responsibility of ensuring hospital-wide

compliance with coordinating Joint Commission on Accreditation of Healthcare Organization's (JCAHO) standards. Collaboratively, strategic planning and improvement efforts are recognized through clinical team involvement, morning briefings, and Licensed Professional Staff membership. Likewise, individual staff are encouraged to submit improvement opportunities to the formal committee system. On several occasions, patients offered suggestions that improved service provision. The following are examples of improvement efforts implemented during FY 2003: improvement in the treatment planning process to enhance patients' participation and interdisciplinary collaboration, which resulted in a more cohesive treatment planning process; examination of patient care processes to better meet the needs of individuals with extended stays, particularly those individuals without a supportive family unit; designation of group leadership by a psychologist to provide smoother transitions between patient group offerings; and, development of a more structured approach for patient assignments, monitoring, rounds and room checks. Additionally, the interview process was restructured to include a more detailed review of the work experience to enhance employee recruitment and retention.

Staff from North Mississippi State Hospital has also participated on statewide interagency committees, such as: the DMH - Mental Health Curriculum Steering Committee, the DMH - Continuity of Care Committee, the DMH Education Advisory Committee for Registered Nurses, the DMH HIPAA Workgroup, and the Mississippi Mental Health/Mental Retardation Council.

South Mississippi State Hospital

New planning activities implemented by South MS State Hospital during FY 2003 to improve facility operations and services included: resumption of female admissions in December 2002; modification of security staff hours to better support hospital operations; renovation of the Training Center; provision of a Supervisory Training Program by consultant Dr. Walter Cooper; initiation of participation in the Mississippi Hospital Association Behavioral Health quality studies; and, conducting a weekly meeting at SMSH with staff of the local community mental health center, Pine Belt Mental Healthcare Resources, to collaborate on aftercare plans for individuals being discharged from the hospital. SMRC staff also participated in the following statewide interagency committees/activities aimed at planning or improving mental health services: State HIPAA task force and DMH HIPAA workgroup, core training offered by DMH Division of Professional Licensure and Certification; and, NAMI-MS activities.

Specialized Treatment Facility for the Seriously Emotionally Disturbed

Since the Specialized Treatment Facility for the Seriously Emotionally Disturbed (STF) was not yet open in FY 2003 because of lack of available funding, activities of the small staff who were employed during the year focused on planning, staff training and maintenance of the facility. STF will provide residential care and habilitation services for 48 adolescent Mississippians who have come before youth court and are diagnosed with a mental disorder. Adolescents appropriate for admission are 13 years old, but less than 21 years of age who present an Axis I Diagnosis of a severe emotional disturbance and need psychiatric residential services. The Specialized Treatment Facility will seek licensure by the Mississippi Department of Health as a Psychiatric Residential Treatment Facility, certified by the Mississippi Division of Medicaid, accredited by the Joint Commission of Accreditation of Healthcare Organizations, and accredited by the Mississippi Department of Education as a non-public, special school.

During FY 2003, the Specialized Treatment Facility employed seven staff who developed agency policies and procedures, new employee orientation, networked a computer system, created a website, and established relationships with business associates. Staff have conducted tours and hosted potential employee applicants, board members, Department of Mental Health leadership, legislators, and other community guests. Staff also

began to prepare the facility for offering meeting/training space to the Department of Mental Health and remained prepared to host local residents in need of evacuation during the hurricane season.

Staff training and development was of major importance during this time of preparation prior to serving clients. Approximately 400 hours of ongoing training has been provided to enhance the skills of employees. The Specialized Treatment Facility is also committed to assist with the mission of the Department of Mental Health by supporting programs and associations for people with mental health, mental retardation and chemical dependencies. Staff have assisted with budget preparations of other Department of Mental Health facilities, quarterly community program audits, psychological/forensic evaluations, and summer camp for autistic children. Staff continued to maintain and upkeep the seven buildings that were under warranty and the 20 acre physical plant. Trees were secured and planted through the Harrison County Soil and Water Conservation District program.

Adult Service System

Inpatient Psychiatric Services

The MS Department of Mental Health's four state-operated facilities reported serving 3491 individuals in adult psychiatric facilities/units in FY 2003. MSH served 1633 adults; EMSH served 951 adults, NMSH served 442 adults, and SMSH served 465 adults. For a more specific breakdown of individuals served through the other service units of the two comprehensive psychiatric hospitals (EMSH and MSH), refer to the tables on pages 99 and 100.

Inpatient Chemical Dependency Services

MS State Hospital served a total of 821 adults (men and women) through its inpatient chemical dependency services during FY 2003. East MS State Hospital, which provides services inpatient chemical dependency services to adult men, served 359 individuals during the fiscal period. See section on Alcohol and Drug Abuse Services in this annual report for additional information.

Community Services

In FY 2003, the Community Services Division of MSH provided services to 88 adults in Alternative Living Arrangements, 416 adults in case management, and 140 adults in psychosocial rehabilitation. This division provided transitional, community-based programs that included group home services, transitional residential services, supervised apartment services, case management, clubhouse rehabilitation programs and specialized programs for persons who with mental illness who are also homeless. Services included psychiatric evaluation, medication monitoring, group therapy, individual therapy and teaching of independent living skills.

East MS State Hospital provided services to 122 adults in alternative living arrangements, to 182 adults in case management, to 190 adults in psychosocial rehabilitation services, to 44 adults in the specialized program for homeless individuals, and to 63 adults in the Training Center.

See Section on Community Mental Health Services of this report for additional information.

As noted in the previous section of this report on the Division of Alzheimer's Disease/Other Dementia, Central MS Residential Center continued to operate the Footprints Adult Day Services through their community programs. Footprints served 31 individuals during FY 2003.

Nursing Home Services

During FY 2003, MSH served 549 individuals through its 479-bed nursing facility, which consisted of six individually licensed and certified buildings. EMSH served 251 individuals in the nursing homes located on the campus, which include: R.P. White #101, R.P. White #202, and R.P. White #303.

State-operated Crisis Intervention Centers

As mentioned previously, in 1999, funding was approved for construction of seven state crisis intervention centers to be operated as satellites of existing and new facilities operated by the Department of Mental Health.

Children/Adolescent Service System

During FY 2003, Oak Circle Center (OCC), the MSH Child and Adolescent Unit, served 256 children and adolescents. This facility focused on diagnostic evaluation and acute treatment of children between the ages of 4 years and 17.11 years with serious emotional disturbances/mental illness. The Adolescent Services Unit at EMSH provided inpatient psychiatric and/or chemical dependency treatment to 204 adolescents up to age 18. Both MSH and EMSH operated state-accredited schools as part of their services for youth under 18 years of age.

GENERAL FACILITY TREATMENT SERVICES

Consumer Education

The significant impact psychoeducation has on individuals with mental illnesses is emphasized at the state-operated psychiatric facilities. The following are highlights from the psychiatric hospitals on improvements and expansion of their psychoeducational services during FY 2003:

Each service at East Mississippi State Hospital has individualized group schedules, and psycho-education services are evaluated and changed based upon individuals' needs. For example, in Adult Psychiatric Continuing Care Services, a pilot program of targeted group interventions was implemented in FY 2003 to assist those individuals preparing for transition to settings outside the hospital, such as EMSH Community Services or Central Mississippi Residential Center. Interventions focused on developing skills necessary for more independent living. In the Clearing House Unit of the Adult Psychiatric Receiving Services, rehabilitation is stressed through individual counseling and educational groups that give individuals receiving services the opportunity to develop awareness of their mental illness and to improve their quality of life by practicing new skills and behavior. In the Adult Psychiatric Receiving Services, individuals on the Direct Observation Unit, which is the most restrictive of units, were included in weekly hospital wide activities. The Community Services Division provided literacy, GED, continuing education, anger management, critical thinking skills, and community resources education to individuals, as appropriate for their strengths and needs..

In FY 2003, Mississippi State Hospital continued to emphasize the importance of psychoeducation for patients, residents and individuals and implemented new and/or improved systems and programs that ultimately increased psychoeducational services during FY 2003. For example, the Division of Community Services developed a medication education curriculum for individuals to include a demonstration level. Individuals with a dual diagnosis of mental illness/mental retardation were offered activities of daily living (ADL) groups, behavior management programs and job skill training. Staff were trained about the availability of these services for

individuals served across units on campus. Adult Education expanded parenting classes for individuals with children.

Services provided at North MS State Hospital include, but are not necessarily limited to, psychoeducational and psychotherapeutic services. Among this group milieu are: process, didactic, recreation, and specialty groups. The specialty groups, which are periodically adjusted to better address the presenting problems of individuals receiving services, address issues such as parenting, medication education, dietary, health & hygiene, leisure education, finance management, alcohol and drug education, employment skills, and social skills. In addition, individual, marital, and family sessions are available, as appropriate to individuals' needs. Books, pamphlets, and videos are procured, and the psychology staff continually develop materials that are readable and understandable to assist patients in gaining insight into their illnesses. Although NMSH is not a chemical dependency treatment center, an alcohol and drug education group is offered four times per week to address those issues in an educational manner.

At South MS State Hospital, dual diagnosis groups were established as an ongoing, consistent program with seven new educational modules included. A weekend schedule of group activities was established. SMSH continued to utilize both clinical and administrative staff members to enhance educational programming for individuals it served. Parenting, domestic issues, and anger management groups were also added to the group schedule.

Family Education

The psychiatric facilities continued efforts to involve family members in the treatment of consumers when indicated and when appropriate consent of adult consumers was obtained. The following reflects achievements/improvements in family education programs at the state psychiatric hospitals:

At East MS State Hospital, the treatment teams in the Adult Psychiatric Receiving Services held 221 family conferences, and the treatment teams in the Adult Psychiatric Continuing Care Services held 52 family conferences. As part of the compliance requirements of the Health Insurance Portability and Accountability Act of 1996, all court appointed guardians and legal guardians of individuals receiving services were sent the *East Mississippi State Hospital Notice of Privacy Practices* and the *Acknowledgment of Receipt of Notice of Privacy Practices*. The Bradley Sanders Adolescent Complex improved education to families in three areas: they incorporated the American Psychological Association's national program and educational materials on resiliency (trauma, catastrophic events, suicide of peers, etc.) in working with parents; they provided family therapy to 30 families requesting or accepting help in family issues (average length of four sessions); and, the Director of Nursing met individually with 98.5% of all families for individual sessions regarding their adolescent's medication needs, dosing schedule, medication side effects, and required and/or recommended follow-up treatment for the adolescents physical and psychiatric needs. The EMSH Social Services Department routinely and upon request provided families and other interested parties with educational material about mental illness, treatment options, medications, etc. from East Mississippi State Hospital approved sources. *The East Mississippi State Hospital Information Handbook* was available to families and other parties interested in EMSH, including community mental health centers, courts, and hospitals. Tours of East Mississippi State Hospital were made available to family members of prospective patients upon request. The EMSH Public Information Department maintained and updated a web site, allowing for the dissemination of hospital information to families and interest parties via the internet. The Reimbursement Department of East Mississippi State Hospital conducted telephone interviews with family members to educate them regarding Medicaid regulations involving long-term facility treatment. Additionally, a Community Services Newsletter, with program and service opportunity updates, was published and distributed to family members and the community.

The Family Education component of treatment is highly valued at Mississippi State Hospital, and family members are encouraged to participate in family conferences and take an active role in the treatment process. In addition to providing individualized treatment, treatment team members educated family members about mental illness, encouraged positive interpersonal interactions, and worked toward absolving family members of blame for a patient's circumstances. In FY 2003, MSH continued efforts to increase the number of family conferences and family therapy sessions. Social Services continued to coordinate conferences, including telephone conferences for families unable to physically attend the conference. Social Services also continued to distribute the *Family Satisfaction Survey* that asked for ways to improve treatment services and family education. At discharge, family members received information on the patient's illness and medications, aftercare appointments for psychiatric and medical needs, and instructions on financial matters as applicable. Family members were also given information on the Mental Health Associations, family support groups such as NAMI-MS, drug assistance programs, outpatient commitment information if applicable, or other referrals as applicable to the individual's continued care. In addition, where applicable and with consent, occupational therapists discussed individuals' needs and therapeutic interventions. The MSH Division of Community Services initiated a Customer Service Policy, participated in the DMH consumer satisfaction survey process, and developed/implemented a family satisfaction survey. A mailing list of personal care home/boarding homes, area healthcare providers, shelters, and transitional programs was obtained for distribution to individuals and family members. The MSH Census Management Division worked with the Public Relations Division to develop a welcome packet with educational information that was distributed to patients and family members at the time of admission. The MSH Safety and Investigative Services Department developed and distributed a poster on safety to educate residents, patients, and other individuals, as well as a brochure to educate off-campus contract/service providers on the Vulnerable Adults Act (VAA) and safety issues.

Since FY 2001, a family education program (FEP) has been implemented by the Psychology Department of North MS State Hospital. Family members are invited to come to the hospital and learn in a group setting about a variety of topics that may help them better understand and cope with the mental illness experienced by their family member. The facilitators are representatives from all hospital departments (nursing, psychology, pharmacy, etc.) and provide information on a wide range of topics for the families in attendance. Approximately 50 family members attended the monthly educational sessions from July, 2002 through June 2003. During a 2003 FEP meeting, family education staff explored opportunities for expanding the distribution of the FEP schedule to the community. The FEP schedule continues to be publicized in the local newspapers event sections. Additionally, a television broadcast was scheduled to take place before the end of calendar year 2003 to promote awareness of the FEP among the general public.

At South MS State Hospital, the treatment team made field visits to mental health centers to meet with family and case managers to better address the needs of individuals who tend to return more frequently to the hospital by providing education on alternates to admission.

Groups and Activities

The psychiatric facilities continually evaluate the effectiveness of their treatment programs. The following are examples of improvements or expansions of group and other activity programming made during FY 2003:

At East MS State Hospital, a social worker with a background in music incorporated the use of music in a social skills group on the Acute Psychiatric Receiving Services. In the Adult Psychiatric Continuing Care Services, a pilot program was developed to better prepare individuals served on the unit for possible group home or residential placement through more intensive training in basic life skills, such as laundry, cooking, and money management. The Bradley Sanders Adolescent Complex expanded and improved patient group and activity

programming, strengthening the recovery process of adolescents with alcohol and drug issues through revision of its program. The revision consisted of adolescents' attending Alcohol Anonymous and Narcotic Anonymous meetings and contacting potential sponsors during passes home prior to discharge, which facilitated the availability of a support process at the time of discharge of the adolescent. The Bradley Sanders Adolescent Complex integrated school grade averages into the privilege level system to more closely integrate all parts of the treatment process. The Magnolia Grove School integrated the use of the health/weight room, individualized instruction and supervision requirements, and treatment team recommendation into its physical education instruction and the Behavior Management System. The Bradley Sanders Adolescent Complex established a special group for patients who require substantial one-on-one staff time. The Behavior Management System of the Bradley Sanders Adolescent Complex was revised to further delineate the differences between the privilege levels, rewarding more appropriate behavior by the adolescent. The Nursing Home Division of EMSH initiated a hand bell choir in all three facilities. Additionally, individual and group art classes were begun, and plans were made to establish a quilting class. At the Friendship Center in the Community Services Division, activities were added, such as a special group to address issues of particular interest to men, a Friendship Center choir, and literacy and GED classes.

Mississippi State Hospital continued to evaluate the effectiveness of programming and to expand services. For example, MSH Clinical Services and Community Services evaluated and revised psycho-social rehabilitation services to facilitate individuals' successful transition from inpatient hospitalization to living in the community. In doing so, the Transitional Living Unit (TLU) staff developed and administered questionnaires to assess the effectiveness of the TLU program and identified opportunities for improvement that were submitted to the Continuum of Care Committee. The Director of Rehabilitation Services and the Director of Community Services established routine meetings to improve collaboration and to plan for expanded resources and programming. Two Adult Education teachers were assigned part-time to Community Services Division to increase services and a new full-time teacher position was allocated, beginning in July, 2003. The MSH Director of Psychology and Program Director were assigned to lead a task force (which included members from Community Services, TLU and inpatient programs) to develop a functional assessment tool that will identify needs and focus programming in those areas so that individuals are better prepared for the next level of care, an objective that will continue in the next fiscal year.

At North MS State Hospital, the Psychology Department obtained additional resource materials for groups and incorporated a greater variety of topics into the group sessions. The Recreational Therapy Department continued to provide various leisure and recreational opportunities throughout the fiscal year. Holiday parties, dances, movies, karaoke, off-campus outings, picnics, fitness walks, and other activities allowed patients the opportunity for social interaction, learning and fun. This year an asphalt walking track and pavilion were constructed on-campus to enhance recreational activities. The Recreational Therapist is developing a program to provide patients a list of facilities and their location that will be available to them patient upon discharge and will assist them in utilizing their leisure time in the community in a positive manner.

At South MS State Hospital, staff continued to improve psychoeducational groups and recreational activities for patients. For example, Recreation Therapy staff started daily aerobics for women, and established a weight lifting program for men and women, as appropriate to their needs. Music therapy was also introduced as part of the group activity program, and special morning meditation group was established for dual diagnosis patients.

SUPPORT SERVICES

Information Management

The regional psychiatric facilities expanded and improved their information management systems during FY 2003 in the following ways:

At East MS State Hospital, 20 sets of Windows 2000 operating systems were purchased, Five new computers were purchased, and Corel Office was upgraded to Version II throughout the hospital. The current telephone system was upgraded to allow for direct dialing. Direct dialing decreased the number of calls coming through the switchboard, and the direct access facilitated conducting of business in a more timely and efficient manner. ViaNet Identity Information software, purchased for the Admissions Department, provides authorized users immediate access to images and data on individuals receiving services, thereby expediting several processes and improving hospital operations. An updated Department of Mental Health directory of resources was installed on all social workers' computers for use in making referrals for community services.

MS State Hospital projects to improve, expanded or replace existing information management systems, included: installation and implementation of UNICARE software modules and hardware for tracking admissions, discharges and transfers; implementation of software for quality control of merchandise in the Clothing Donation Center; moving of email to an outside source for added security; completion of the wireless connectivity project, connecting 19 buildings to the MSH LAN; installation of a voice extension module to the Community Services Capers Site; implementation of access to Government E-commerce Network and Imaging Environment; use of SPAHRS for processing all travel reimbursements; addition of Jaquith Nursing Home and Infection Control policies to the MSH intranet; and, conversion of the hospital mail file system to comply with HIPAA guidelines and to maintain compliance state confidentiality laws.

North Mississippi State Hospital installed three servers to operate the patient information database, enabling the program to run faster and thereby drastically increasing productivity. By moving the processing to the server via terminal services instead of running directly on the users' computers, all updates are now performed once on the server instead of on each user's computer. This new equipment also allowed NMSH to implement an inactivity time-out, in compliance with new HIPAA regulations.

NMSH has upgraded all users' operating systems from Windows 98 to Windows XP, requiring users to re-authenticate to the network each time their screen saver is deactivated and thereby meeting another HIPAA requirement. In an effort to provide better security for faxes, NMSH installed a fax server that sends faxes directly to authorized users' email inboxes, who must first authenticate to the network and use a password to get their email.

South MS State Hospital purchased a stand alone server with increased hard drive and memory capacity for email. Hospital policies and procedures were modified as needed to address new HIPAA regulations. Also, the cellular phone services plan was changed to reduce costs.

New Employee Basic Orientation

The number of employees completing **new employee basic orientation** at each of the regional psychiatric hospitals during FY 2003 was: East Mississippi State Hospital - 210; Mississippi State Hospital - 629; North Mississippi State Hospital - General Orientation: 43 and Clinical Orientation: 36; and, South Mississippi State Hospital - 40.

Additional new employee orientation activities were conducted at the psychiatric hospitals to address specific training required for individual staff responsibilities. For example, at East MS State Hospital, a process was established to further ensure new employees have successfully demonstrated adequate knowledge on each topic covered during new employee orientation. Also, Health Insurance Portability and Accountability Act (HIPAA) training was added to the topics covered in new employee orientation. During FY 2003, the Staff Development Department placed the majority of its General Orientation topics in PowerPoint format to ensure consistent coverage of all material. Staff Development also introduced a new Medical Satellite Network, DLN, to allow clinical staff the opportunity to receive more continuing education on campus. Also during FY 2003, the Staff Development Department moved their clinical lab which is used for the teaching of Techniques for the Management of Aggressive Behavior and Cardiac Pulmonary Resuscitation. The new area provided a larger more conducive environment for training and learning.

At MS State Hospital, training was revised in the areas of infection control and protection intervention information. At North MS State Hospital, all employees attend a general orientation program that lasts four days, during which topics such as infection control, safety issues, performance improvement, and others that are relevant to all employees are addressed. TMAB and CPR are also taught to all employees. Clinical orientation for employees who are in clinical services and whose role involves direct patient care lasts approximately ten days and covers topics and training very specific to the patient care areas. Part of this time is also spent on the unit, where employees receive "on the job training" under the guidance of registered nurses and mental health technicians at all times. In addition to this training, employees who work in special departments, such as housekeeping, dietary, security, and medical records, receive training from their supervisor on department specific functions that are required for their particular area. At South MS State Hospital, a new Patient Safety Video, produced in-house, was added to employee training.

Mandatory Annual Training that covers specific key areas to maintain required levels of competency continued to be conducted at all four psychiatric hospitals. Examples of mandatory training topics include: Techniques in the Management of Aggressive Behavior (TMAB), CPR, Seclusion/Restraint Usage, Patients' Rights, confidentiality (HIPAA) and Infection Control. Individual facilities may have additional training topics they include in their annual training curriculum, and on specialized units, staff are required to complete targeted training, such as that related to age-specific competencies.

Additional Training

In addition to the training required and provided at the psychiatric facilities, staff are also provided other opportunities for additional training to increase levels of competency. Facility staff are encouraged to attend workshops and conferences, and facilities have hook-ups to video networking educational opportunities such as PsychLink. Management and supervisory staff are also provided opportunities to participate in training programs offered through the State Personnel Board, such as Supervisory Management Training and the Certified Public Manager program.

Academic Affiliation Programs

As in previous years, the four psychiatric hospitals continued positive affiliations with various higher educational institutions, serving as primary training sites for practical applications of skills. Post-secondary training programs included a variety of experiences for students, including rotations in specific discipline or treatment areas, practicum experiences, and internships. East MS State Hospital's academic affiliation programs involved students from the University of Southern MS (nurse practitioner rotation in medical, psychology and nursing

disciplines; social work field placement, and psychology training); Meridian Community College, the University of West Alabama at Livingston, Jackson State University and Jones Community College (psychiatric rotations in nursing); University of MS Medical Center (psychiatric medical rotation); MS State University (training for psychology interns and social worker interns); and, training for case managers coordinated by the Department of Mental Health, Division of Community Services.

MS State Hospital's affiliation programs included: psychiatric clinical rotations for nursing students from Northwest Community College, Hinds Community College, Copiah-Lincoln Community College, Jones County Junior College, Holmes Community College, Louisiana Technical College, Coahoma Community College, Pearl River Community College, East MS Community College, the University of Southern MS, Mississippi College, the University of MS, Delta State University, MS Delta Community College, and Southwest MS Community College; training experiences in healthcare administration for students from Jackson State University; placements for occupational therapy assistants from Pearl River Community college and Holmes Community College; a three-month internship for students in therapeutic recreation from Grambling State University; a one-week physical therapy training placement for students from the University of MS Medical Center and Hinds Community College; a six-month rotation for music therapy students from William Carey College; a semester internship in Educational Leadership for Jackson State University students; a six-week internship in Human and Family Development for students from MS State University; a semester internship in Special Education for Jackson State University students; and, a two-month internship for students in speech pathology from the University of Southern MS. Additionally, the nursing clinical affiliation program has facilitated the recruitment and retention of qualified staff.

At North MS State Hospital, psychiatric rotations were provided to nursing students (various degree levels) from Jackson State University, Northeast MS Community College, Itawamba Community College, and Northwest Community College; psychiatric rotations were provided to medical students from the University of MS Medical Center, to nurse practitioner students from the University of Southern Mississippi and the University of North Alabama, to Emergency Medical Technician students from Itawamba Community College; and, a one-year internship was provided to students in psychology from the University of Southern Mississippi.

At South MS State Hospital, a three-month internship in Recreation Therapy, a four-month internship in Dietetics, a four-month practicum in Social Work, and a three-month internship in Psychology were provided to students from the University of Southern MS; a two-month internship in Pharmacy was provided to students from Jones County Junior College; and, a one-month internship was provided to students in Psychology from William Carey College.

Public Information

During FY 2003, staff from the four psychiatric hospitals were actively involved in educating the public about their services, accomplishments and mental health issues in general. For example, at East MS State Hospital, the EMSSH HIPAA Coordinator provided a seminar for Mississippi State University - Meridian campus social work field instructors entitled "HIPAA for Field Instructors," as well as the keynote address, focusing on HIPAA, to hospital volunteers and community leaders at their annual meeting.

The Bradley Sanders Adolescent Complex staff co-sponsored with Meridian Community College a four-week mental health issues course, provided an overview of psychiatric nursing and a complex tour for Meridian Community College and Mississippi State University students, participated in a presentation on mental health issues and social work at Mississippi State University and provided the keynote address at Mississippi State University's Organization of Graduate Students and Alumni annual workshop. The Public Information Department of East Mississippi State Hospital published a hospital newsletter, *The Eastern Exposure*; coordinated

the presentation of displays, slide presentations, and speakers at 11 events throughout the year; prepared 11 news releases for the media; coordinated 17 tours of various areas of the hospital for family members, representatives from healthcare agencies, and other interested parties; updated and disseminated two hospital informational brochures; and, maintained a web site about East Mississippi State Hospital and its services. EMSH or hospital personnel were featured in 20 articles covered by print media and broadcast media during the 2003 fiscal year. Additionally, the Friendship Center of the Community Services Division hosted a Day of Diversity Program and participated in the Community Action Day with local agencies.

At Mississippi State Hospital, the Public Relations Division enhanced the internal and external community knowledge of services provided at MSH through the in-house *Take Note* and *Mental Outlook* newsletter. The Public Relations Division facilitated the involvement of hospital staff in community activities, such as the Alzheimer's Association Memory Walk, the United Way Campaign, a Blood Drive with Mississippi Blood Services, Cool and Casual Day for the Muscular Dystrophy Association (MDA), and the Rankin County Relay for Life. The Public Relations Division increased positive awareness for the hospital through the measurability of media by five percent by June 30, 2003. One highlight was a segment that ran on *Mississippi Roads* on Mississippi Public Broadcasting about the history of mental illness; featuring the museum and an individual who had been served at Mississippi State Hospital. Another example includes a story focusing on the art therapy program in Community Services published in both daily and weekly newspapers throughout the state, as well as in *Mississippi Hospitals* magazine. On June 10, 2003, awareness increased by three percent over FY 2002 through recognition of MSH employees in the media.

North Mississippi State Hospital continued to take a proactive role in educating the public about the hospital's service provision. The Public Relations Department frequently attends and displays at commerce festivals, job and health fairs. Staff are regularly invited to speak to community civic groups, local agencies and churches. Additionally, the public is informed through area media, print and broadcasting. Likewise, brochures and handouts have been developed that provide information about NMSH and are placed in strategic locations throughout the hospital's service area.

At South MS State Hospital, the Director of Public Relations and Community Affairs represented the hospital in the following organizations: United Way of Southeast MS, Public Relations Association of MS, MS Hospital Association Healthcare Marketing and Public Relations Society, and the Mental Health Association of the Pine Belt. The hospital director represented the hospital in the following organizations: Association of Behavioral Healthcare Managers, and United Way of Southeast MS, American Red Cross. *Southern Story*, a quarterly newsletter, was produced and distributed throughout the fiscal year. Other public awareness and community activities in which SMSH staff participated included: the United Way campaign, National Mental Illness Awareness Week (October), National Depression Screening Day, the 3rd Annual World Mental Health Day Community Rally, the Petal Senior Fair, the Purvis Senior Fair, the Friends of SMSH Annual Meeting, the Hattiesburg Senior Fair, and tours of SMSH to area high schools, community college and nursing programs.

Volunteer Services

Many of the accomplishments achieved at the psychiatric facilities would not be possible without the efforts of individuals and groups who volunteer their time to support programs at the facilities. Volunteer organizations provide a visible contribution to meaningful projects at the psychiatric hospitals. Some of the contributions through these volunteer programs in FY 2003 are described here. For example, at East MS State Hospital, during the Christmas holiday season of FY 2003, the Volunteer Services of East Mississippi State Hospital coordinated 21 parties for patients and the attendance of 168 individuals receiving services to several musicals and dinners at several local churches. The Volunteer Services of EMSH coordinates Circles of Friends, an outreach group of 10

churches that provide activities and refreshments for an average of 65 individuals receiving services three or four times a month at areas away from EMSH campus. Through donations obtained from local merchants, the Volunteer Services of EMSH provided holiday and special occasion cards to individuals receiving services so that they could correspond with family and friends during the holidays and on special occasions. Throughout the year, Volunteer Services coordinated the donation and request for clothing, shoes, and miscellaneous items such as books, magazines etc. and the placement of volunteers throughout the hospital, which accounted for total of 3,220 volunteer hours. The Volunteer Services of EMSH, published articles in the *Eastern Exposure*, East Mississippi State Hospital's publication, and the local newspaper, *The Meridian Star*, about National Volunteer Week and related activities held at East Mississippi State Hospital. At Christmas of FY 2003, Operation Reindeer, a volunteer project of the Mental Health Association of Lauderdale County, in conjunction with East Mississippi State Hospital Social Work Department, provided individualized Christmas gifts for 60 indigent individuals at East Mississippi State Hospital and R. P. White Nursing Facilities. A month-long exhibit of famed Mississippi Artist Walter Anderson's works, sponsored by the Friends of MS State Hospital, Inc., was held in October in the MSH Museum. A symposium was held October 15 in conjunction with the exhibit. Over 2000 visitors from all over Mississippi, 55 other states and Spain attended the exhibit and visited the hospital.

Volunteers are a vital part of service provision at North MS State Hospital. Clothing and other needed items are donated by community friends and local agencies/businesses. Volunteers from the community also donate items for Christmas as well as other holidays to the patients. Friend of North MS State Hospital, a non-profit volunteer organization, is currently funding the Christmas party and gifts for the patients of NMSH. The Friends organization also purchased items for patient and hospital use such as a popcorn machine and offered personal assistance for the patients on an as needed basis. At South MS State Hospital, volunteers completed a variety of administrative support tasks for more than 200 hours of volunteer time.

Other Support Services

Various support services at all of the psychiatric facilities continued to play integral roles in the operation and maintenance of the physical plants, in administrative functions and in the delivery of quality patient care. The following are highlights of activities illustrating various support functions. At East MS State Hospital, the Division of Support Services worked with the Infection Control Nurse to implement strategies to reduce the mosquito population on campus in order to prevent patients from being exposed to the West Nile Virus. The Horticulture Therapy Program added individuals receiving services from the Adult Psychiatric Continuing Care Services to the program and set up weekly classes of basic safety and work skills.

At Mississippi State Hospital, Environmental Services provided all buildings on campus with pest management inspections and treatments as needed. Environmental Services worked with Information Management to develop an improved supply accountability programs. Efforts focused on developing an inventory program for the laundry that track supplies from the time they are purchased until they are sent to a unit. Additionally, the system also documents any stock that is removed from circulation and tracks cost of all linen. Updates were also made in general efficiency of Laundry including; computerized system for determining level of linen per patient unit, preventative maintenance schedules, and modified work schedules to maximize staffing hours per day to meet needs. A similar program was established in the Housekeeping Department. The program tracks supplies from the time they are purchased to their placement on a patient unit. The program enables the Housekeeping Department to determine the quantity of supplies and historical trends of use on each unit. Environmental Services renegotiated the medical waste contract for a reduction in cost, surveyed storage sites to determine the level of medical waste in containers, implemented a monitoring program to determine cost and instructed staff to inspect sites to route out items not considered medical waste, resulting in a 50% cost reduction. The MSH Health Records Management Department in collaboration with the Reimbursement Department, developed a Coding Division,

through which training and certification requirements were identified and addressed. The Health Records Management Department, in collaboration with Information Management, Clinical Services, and Administration improved the timeliness and accuracy of reporting patient population census by building. The MSH Physical Services Division established a program of management and accountability reporting for all physical services involving a tracking process that was implemented in November 2002.

At North MS State Hospital, the Human Resources staff maintained a vacancy rate of less than 5% throughout the fiscal year, which was accomplished through intensive recruitment and thorough background checks. A total of 44 new employees were hired and processed during the fiscal year. The NMSH Physical Plant Department administers the daily operation of Housekeeping, Dietary, Facility Maintenance and any construction/renovation undertaken by NMSH. Services from each entity are provided to bolster a safe, nurturing environment for hospital patients and staff. Regular departmental inservice training sessions are provided to maintain a continuous learning environment for staff. The Unicare database system, used in compiling patient demographic information and statistical information for needed reports and in assisting in billing functions, is fully operational in the Health Information/Medical Records Department.

At South MS State Hospital, examples of support services activities included the completion of specialized training by staff (such as Administrative Assistant Certification, the Skills Fair and HIPAA training); the surveying of contact services for quality; hosting of the DMH Core Training curriculum; coordination of Day of Diversity activities; hosting of numerous outside speakers; conducting of a trial of optical scanning to determine its feasibility for medical records storage; implementation of requirements of HIPAA, with appropriate policy development and staff education; upgrading of one security officer to constable; and working with Pine Belt Mental Healthcare Resources' Transitional Employment Program (TEP) to provide employment for individuals served in that program.

Performance Improvement/Quality Assurance

In an effort to continually improve the efficiency and effectiveness of all aspects of hospital operations, the psychiatric facilities have developed performance improvement plans that help to systematically address areas in need of improvement. A basic structure for performance improvement involves the use of performance improvement projects, which are identified and the results of which are later measured and monitored based on specific data collection. Performance improvement activities are more informal and short-term, based on general observations made by staff and generally limited to specific patient buildings or staff departments. Projects typically involve more staff and cover a longer period of time than performance improvement activities to realize the impact of improvement efforts. For example, East Mississippi State Hospital's Performance Improvement Coordinator reviewed key functions and processes of all facility departments, developed a presentation on performance improvement for new employee orientation, developed a collection and reporting process for seclusions and restraints, and assumed the role of gathering and reporting on two performance measures previously reported to ORYX.

At Mississippi State Hospital, the Service Outcome Division maintained and expanded upon projects and activities to assure performance improvement and quality care, in areas such as maintenance of therapy appointment schedules and nursing homes care. At North MS State Hospital, performance improvement projects were undertaken to enhance quality in patient treatment planning, medication administration and medical records maintenance. Performance improvement projects at South MS State Hospital addressed areas such as dual diagnosis, dietary services and safety.

State and Federal Licensure

The following describes efforts by the psychiatric hospitals to achieve and/or maintain licensure/certification through the Mississippi Department of Health:

The East Mississippi State Hospital Nurse Aide Training Program received its two-year inspection by the Mississippi Department of Health, Division of Health Facilities Licensure / Certification. Policies and were revised and implemented to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as well as Department of Mental Health rules and regulations. During FY 2003, East Mississippi State Hospital maintained sufficient compliance with the Mississippi Department of Health, Division of Health Facilities Licensure and Certification to continue operation of the R. P. White Nursing Facility as an Institution of the Aged or Infirm.

Mississippi State Hospital met requirements for renewal of licensure by the MS Department of Health Psychiatric Services, Whitfield Medical Surgical Hospital and Oak Circle Center, Chemical Dependence Services. Jaquith Nursing Facilities also maintained Department of Health licensure.

North Mississippi State Hospital regularly reviews/monitors processes initially established under MS Department of Health licensure regulations for maintenance and improvement, if deemed necessary. As a requirement of the MS Department of Health, a licensure application and fees are submitted annually for renewal.

South Mississippi State Hospital completed its annual licensure application with the MS State Department of Health. SSMH also completed a two-day Center for Medicare and Medicaid Services survey, with minimum number of deficiencies and an acceptable corrective action plan.

Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) Accreditation

The following efforts were made by the four regional psychiatric hospitals during FY 2003 to achieve and/or maintain JCAHO accredited status:

East Mississippi State Hospital (EMSH) is not currently accredited by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO); however, EMSH considers JCAHO standards when planning and coordinating hospital activities.

Mississippi State Hospital implemented a monthly Open Record Review Team to review current patient records on each MSH Clinical Service Building. In addition, a monthly Human Resources Personnel Record Review to verify professional licenses, current PARs, and competency based training was completed. The Continuous Survey Readiness (CSR) programs measuring policy regulatory compliance, environment of care rounds, CSR rounds based on hot topics and Service Outcome Quarterly Educational Rounds have been maintained. Mock Surveys of MSH and Community Services were conducted in preparation for the triennial JCAHO survey scheduled for December 2003. The 2003 JCAHO National Patient Safety Goals were implemented across all MSH programs. Quality Management studies in the form of surveys and the Dashboard Indicator provided a check and balance to quality care. Continuous Survey Readiness inspections were conducted by Quality Management staff throughout the year. The content of these surveys varied and topics were dependent on identification of new standards from accreditation/licensing agencies, results of quality dashboards, and feedback from MSH leadership.

Having acquired initial JCAHO accreditation in July of 2000, North Mississippi State Hospital has established a formal committee and reporting system that correlates with the JCAHO Hospital standards. Processes are reviewed and monitored regularly to assure continued compliance and maintenance of accreditation. A hospital-wide performance improvement system allows staff to independently and collectively identify opportunities to improve, while utilizing the formal committees to aggregate data and analyze improvements. This intensive effort provides a much needed, organized paper trail as proof of compliance. In January 2003, JCAHO surveyors performed a triennial survey, with full accreditation being maintained by NMSH.

South MS State Hospital staff attended a Continuous Survey Readiness workshop in November 2002, continued membership in the Continuous Survey Readiness Program, and completed a Mock Survey in November 2002. SMSH then hosted a Continuous Survey Readiness representative in March 2003. In ongoing efforts to maintain compliance with JCAHO standards, SMSH continued ongoing Performance Improvement Leadership Council activities and submitted ORYX performance data monthly through the National Research Institute, Inc. Additionally, as mentioned, South MS State Hospital reviewed, revised and implemented procedures and training to comply with federal HIPAA regulations.

Risk Management

The Risk Management divisions at each psychiatric facility proactively addressed safety issues during FY 2003. Examples of risk management activities are described as follows. During FY 2003, the Risk Management Department of East Mississippi State Hospital (EMSH) implemented a comprehensive facility wide inventory control system that provided for increased accountability in the purchase, maintenance, and testing of fire suppression equipment and fire alarm system components. Utilization of this inventory system will allow for a more effective tracking and documentation of service of a component from date of purchase to obsolescence. The inventory system will also dictate a more structured inspection schedule for fire extinguisher components in that all critical inspections and testing such as hydrostatic test dates and visual inspection dates will be identified on the inventory record. The inventory of these components will provide data needed annually for budgetary considerations as well as projected financial outlays for maintenance and testing. This process should reduce or eliminate oversight of components and systems during testing and inspections, as well as decrease the pilferage of smaller equipment. During FY 2003, the Risk Management Department of EMSH continued to improve on the process of employee accident investigations which was begun in FY 2002. During FY 2003, a forced response standardized accident investigation form was developed. Also during FY 2003, the Risk Management Department has worked with the Staff Development Department in an effort to develop a referral process to employees who are identified through the accident investigation as being in need of additional training in body mechanics and lifting and moving. The Risk Management Department of EMSH also continued to monitor water temperature and fire drills, with a monthly report provided to each unit director.

Mississippi State Hospital's Safety and Investigative Services Department, the Fire Safety Department and the Security Police Department of the Risk Management Division as well as the MSH Safety Committee exist solely to fulfill the hospital's commitment to a safe and secure environment. The Safety and Investigative Services Department coordinated the hospital-wide Safety Management Plan. Risk Management takes a multi-faceted approach that stresses prevention and awareness through many programs. MSH has a comprehensive hazard surveillance program that is designed to identify hazardous situations. The Coordinator of Unit Operations and the Jaquith Nursing Home Administrators conducted hazard surveillance surveys in all patient care locations monthly. In addition, the Environment of Care Inspection team also conducted quarterly inspections on all buildings.

MSH maintains, through the Safety and Investigative Services, a hospital-wide patient accident/incident reporting system, designed to track all accident/incidents identify potential trends and patterns that might require corrective action. The Emergency Preparedness Committee, a sub-committee of the Safety Committee, constantly meets to update and revise the MHS Emergency Preparedness Plan, as needed, and reviewed and approved the Hazard Vulnerability Analysis on medication errors as required by JCAHO.

The Risk Management Division completed the following investigations, follow-ups and reports: patient-on-patient allegations under the Vulnerable Adults Act, employee/patient allegations of abuse under the Vulnerable Adults Act, child abuse allegations in accordance with Section 43-21-353 of the Mississippi Code of 1972 annotated, investigations of injury of unknown origin, and investigations of employee/patient allegations that did not necessitate reporting under the Vulnerable Adults Act.

Other accomplishments of the Risk Management Division included: ongoing daily visits to all patient/resident buildings on each shift and documentation by Security Police officers of times and location of patrol; MSH Security Police had no incidents of failure to respond to emergencies and requests for assistance and communicated with local, state and federal law enforcement agencies 162 times on various assignments; the Fire Safety Department recommended purchase of software for inventorying, testing and maintaining all physical aspects of life safety, and implementation of the Bar Code System, related training and procedure development remains ongoing; the Fire Safety Department began their second year to implement the ten-year smoke detector replacement plan; the Safety and Investigative Services Department developed a "Safety Brochure" to educate off-campus contract/service providers on the Vulnerable Adults Act (VAA) and safety issues; a taskforce appointed by the Safety Committee to review the environment of care standards regarding conducting risk assessments for construction, demolition or in-house renovation projects developed an Environment of Care Hazard Analysis Worksheet that includes the Risk Assessment and Policy; and, a "Speak Up" brochure was developed by the Department of Safety and Investigative Services in July 2002 as an educational tool for the patient/resident and their families on issues concerning their treatment and patient safety.

Risk Management at North MS State Hospital routinely analyzes all accident/incident reports to chart trends in areas of falls, elopements, and safety concerns including patient restraints and seclusions. Risk Management utilizes the Security Department for hazard awareness and hospital wide weekly safety checks and provides all staff with updates and in-service training in areas of ergonomics, driver safety, and monthly fire drills. Risk Management also coordinates between the Performance Improvement and Environment of Care groups to consider and implement employee suggestions for improved safety and performance.

Risk Management at South MS State Hospital continued activities in FY 2003 to enhance patient safety in accordance with JCAHO safety goals, medication administration, employee safety and maintenance of Life Safety Code compliance. The annual review of the safety management plan was completed.

Consumer Rights and Advocacy

All DMH psychiatric facilities strive to honor the rights and preserve the dignity of the individuals they serve. At the time of admission, each patient is provided a copy of his/her rights while a patient at the facility. The individual's understanding of these rights is documented and follow-up sessions with a social worker and/or patient advocate are scheduled to ensure comprehension of the presented content and an opportunity to ask questions.

The effort to implement services that ensure the preservation of patient rights is accomplished through additional mechanisms that may involve collaboration with various advocacy groups. For example, each facility has in

place a patient advocacy system which involves an in-house patient advocate, who investigates complaints and concerns brought to his/her attention by consumers, family members and/or staff. The psychiatric facilities also coordinate regularly scheduled visits from representatives of Mississippi Protection and Advocacy System, Inc., who review patient rights statements with interested consumers and discuss services provided through their organization. As mentioned previously, staff from the psychiatric hospitals are often involved in the Consumer Rights Committee, which is a committee of the MS State Mental Health Planning Council. The Human Rights Advocacy Committees at the hospitals review all cases involving patient complaints and incidents involving possible violations of patient rights.

Patients and families can also file complaints or grievances or request information through the Office of Constituency Services (described previously), which is operated at the Central Office level of the Department of Mental Health.

Consumer Satisfaction

The psychiatric hospitals have all instituted processes for measuring the satisfaction levels of the individuals they serve, which help inform the hospitals' performance improvement projects and activities. Following are activities were performed at the psychiatric hospitals to develop and/or improve processes to measure consumer satisfaction.

Staff Recruitment/Retention

The following are examples of efforts were made at the psychiatric facilities during FY 2003 to recruit and retain qualified and competent staff. East Mississippi State Hospital's Public Information Department updated and published a nurse recruitment brochure and attended job fairs to recruit nurses for East Mississippi State Hospital. The Mississippi State Hospital Human Resources Division spearheaded a major recruitment effort in FY 2003 that included: job announcements in newspapers and professional publications; television and radio interviews to promote MSH's annual on campus job fair; posting of employment announcement on web sites for Mississippi State Hospital, Mississippi Hospital Association Health Careers, and the Mississippi State Personnel Board; posting of available positions online/via fax through 10 college/university career centers; faxing of MSH job announcements to four major business closings in the central MS area; distribution of recruitment posters with information about full-time and part-time nursing positions, educational leave positions, and direct care positions; provision of employment information to seven other organizations/agencies in the area for future referrals; distribution of information through the Employment Office for placement in all offices statewide; implementation of the Mississippi State Hospital's Employee Recruitment Incentive Program; presentation of lectures to eight groups of nursing classes at MSH for clinical affiliations; holding three Pre-Employment Training classes through the MSH GED/Direct Care Training Program; attendance at job fairs/college career days, conventions and speaking engagements representing MSH at locations making approximately 8,750 contacts; continuation of the Mississippi State Hospital telephone Job Line; and, conducting exit interviews to monitor trends.

North MS State Hospital posted job announcements on the State Personnel Board website and the North Mississippi State Hospital website; published announcements in the Mississippi Hospital Association *NewsWeekly* and local newspapers; posted positions at the local community and senior colleges; registered with the Mississippi State University Career Center; and sent representatives to various employment job fairs/career days. To retain existing staff, NMSH provided opportunities for staff to enhance skills by attending external professional conferences and internal in-services/workshops. NMSH also provided opportunity for staff to evaluate training and complete needs assessments. The Human Resources Director remained available to staff. Opportunities were also available for in-house promotions/transfers.

South MS State Hospital advanced nurses to RN III when they met qualifications. Also, the first group of employees advanced to MH-Active Treatment Advanced status. During FY 2003, SMSH published announcements in the *MS RN* for the first time; resulting in several inquiries. SMSH representatives also attended the Jones County Junior College career fair for first time and participated at USM Nursing Career Day

Capital Improvement, Repair and Renovation

Examples of capital improvement, repair and renovation projects at the psychiatric facilities during the year follow:

East MS State Hospital

Construction of New Nursing Homes, Bureau of Building Project GS #411-078 - The scope of this project is to design, construct, furnish, and equip two (2) 120-bed long term care facilities. Each facility will contain 38,820 square feet. The design phase and development of construction documents were undertaken in FY 2003.

Dam/Lake Repairs, Bureau of Building Project GS #411-077 - The scope of this project is to reconstruct the existing lake levee to comply with the Mississippi Department of Environmental Quality, Office of Land and Water Resources Regulations. Work began August 22, 2002. The original anticipated length of the project was sixty (60) days however, due to unanticipated delays caused by excessive rains, the expected date of completion has been extended.

Emergency HVAC Repair in the Administration Building - Bureau of Building Project GS #411-079 -The purpose of this project is to replace six (6) existing twenty-eight (28) year old rooftop air conditioning units and extend the existing chilled water piping from the third floor to the fourth floor of the Administration Building. This project was closed out October, 2002.

Re-roof Lewis Building #103 and Champion Building #104 - Bureau of Building Project GS #411-80. The scope of this project was to re-roof and water proof Lewis Building and Champion Building. Champion Building was removed from the scope of this project. The re-roofing of Lewis Building was completed February, 2003, and the project was closed.

2002 Asbestos Removal, Bureau of Building Project GS #411-086 -The scope of this project is to remove asbestos from the second floor of Lewis Building (Building #103). The project was ongoing at the end of FY 2003.

Re-roof Buildings R.P. White Nursing Home Building #105 and #106, Bureau of Buildings Project GS #411-081 - The scope of this project is to re-roof and water proof R. P. White Nursing Home Buildings #105 and #106. The scope of this project was changed to "patch roofs" due to the presence of asbestos in buildings #105 and #106. This projects status is that of bid documents are being prepared by the Bureau of Buildings.

Re-roof Crest Building #119 and Occupational Therapy Building #107, Bureau of Building Project GS #411082 - The scope of this project is to re-roof and water proof Crest Building #119 and Occupational Therapy Building #107. The scope of the project was changed to include cleaning up asbestos in the Occupational Therapy Building #107.

Pre-plan Renovation of R. P. White Nursing Home Buildings, Bureau of Building GS #411-084 - The scope of this project is to pre-plan the renovation of Buildings #102, #105, and #106 to serve long term, chronic psychiatric patients. The project is in the Design Development Phase.

Construction of Loop Road at Bradley A. Sanders Adolescent Complex, Bureau of Building Project GS #411-085 - The scope of this project is to construct a roadway looping around the west side of the complex. The project was ongoing at the end of FY 2003.

Emergency Elevator Repair, Bureau of Building Project GS#411-087 -The scope of this project is to replace the power unit, pump, pump motor, controller, and other parts as needed to the elevator in Building #102.

Mississippi State Hospital

Physical Services implemented funded Capital Outlay other than Equipment (COTE) projects and complete the projects by the end of the fiscal year: Completed

Physical Services in coordination with Tinsley/Mullins Engineering Firm implemented the Energy Conservation Plan: Completed.

Physical Services in coordination with the Bureau of Building will facilitate the development of the long-range Capital Improvement Master Plan, Phase II (Project GS 412-140): Completed.

Physical Services in coordination with the Bureau of Building will facilitate Phase I of construction, furnishing and equipping of the new receiving units (Project GS#412-141): Completed.

Physical Services in coordination with the Bureau of Building will coordinate the implementation of Phase II and III of the Food Service Distribution System Project (Projects GS# 412-139 and 412- 154). Completed.

Physical Services in coordination with the Bureau of Building will coordinate the renovation of Building 50 for use by the Pharmacy (Project GS# 412-148): Completed.

Physical Services in coordination with the Bureau of Building will coordinate the renovation of the MSH campus entrance and of campus access roads (Project GS# 412- 150): Construction of the campus entrance was scheduled for completion in March 2004. The access road renovation was scheduled for completion in FY2004.

Physical Services in coordination with the Bureau of Building will coordinate the renovation of damaged roofs on campus (Project GS# 412-153): On-going at end of fiscal year.

Crisis Intervention Services in coordination with the Bureau of Building will coordinate the construction of a 17 bed Crisis Center in Cleveland (Project GS# 412-144): Completion scheduled for FY2004.

Crisis Intervention Services in coordination with the Bureau of Building will coordinate the construction of a 17 bed Crisis Center in Brookhaven (Project GS# 412-143). As of June 30, 2003, center was to be re-bid due to a change in location.

Crisis Intervention Services in coordination with the Bureau of Building will coordinate the construction of a 17 bed Crisis Center in Grenada (Project GS# 412-145): Completion scheduled for FY2004.

Physical Services will complete in-house renovations on Buildings 82 and 83: Completed.

Renovations on B73 and B74 will be made in FY 2004.

North Mississippi State Hospital

A 17-bed Crisis Intervention Center in Batesville was approximately 70% complete at the close of FY 2003.

A patient walking track and pavilion on the North MS State Hospital campus were projected to be completed in early FY 2004, which will provide patients a safe, paved area for exercise, for social interaction or group activities, as appropriate.

South Mississippi State Hospital

Construction of a 17-bed Crisis Intervention Center in Laurel continued, with completion projected for FY 2004.

An acoustical ceiling was added in the Training Center.

A security gate was installed at the facility loading dock.

Central MS Residential Center As mentioned, previously, renovation of the former Clarke College property in Newton, MS, now the Central MS Residential Center, continued in FY 2003.

PROGRESS AND SERVICE HIGHLIGHTS IN FY 2003
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 and 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 Council on Developmental Disabilities.

Awareness

In FY 2003, the DMH Bureau of Mental Retardation (BMR) staff continued to make numerous presentations on the Home and Community-based Services (HCBS) Mental Retardation/Developmental Disabilities (MR/DD) Waiver program. Presentations were made to parents and other service providers, such as nursing staffing agencies and private providers across the state. In FY 2003, examples of public awareness activities conducted by the five regional centers included:

Boswell Regional Center (BRC): Child Find letters were disseminated to the public schools, hospitals, children's clinics, day care programs, and Health Department offices. An AJFC Project Head Start parent orientation was held on August 27, 28, 29, 2003, for Adams, Jefferson, Wilkinson, and Amite counties. BRC also had a presentation and display at the AJFC Annual Community Resource Forum. A presentation on Home and Community Based Waiver services was made to the Advocacy Committee in January 2003, to increase awareness about the program. Newspaper articles continued to be sent to newspapers in the various surrounding counties to cover a 12-county area. Public service announcements were also sent to 95.1 FM, covering Adams, Amite, Franklin, Wilkinson, Jefferson, Copiah, Lawrence and Lincoln counties and to WSJC-FM, which covers Simpson County. BRC staff also attended the quarterly meeting with the Adams County Chamber of Commerce.

During the Fiscal Year 2003, the ICF/MR Community Group Home Division of Boswell Regional Center developed a display, demonstrating the collaboration between the Brookhaven Group Homes, the United Way and the Home Builders Association in the building of a pavilion, which is located on the property of the Brookhaven Group Homes; the display was presented at the 2003 AAMR Conference in Philadelphia, MS. The Brookhaven division of the United Way sponsored the pavilion project and purchased all the building supplies.

Ellisville State School (ESS): ESS participated in various job/career fairs, and tours for students and various clubs and organizations are ongoing. Ground breaking ceremonies were held at Bay Springs, MS for two ICF/MR Group Homes during FY 2003. Elmwood Supervised Apartments held an Open House for the community. Various newspaper articles about ESS services were published in the local newspaper throughout the year. ESS participated in a variety of community activities, raising awareness about the center and its services, such as the Pine Belt Area United Way Campaign, blood drives with United Blood Services and Leadership Jones County.

ESS Early Intervention Program (EIP) staff made presentations to colleges, day cares centers, community organizations, and tour groups throughout the year, and public service announcements about EIP were published in area newspapers and broadcast on area radio stations. Mass mailouts of information about EIP services were sent to service providers statewide, and ESS staff, including the Home and Community Based Waiver (HCBW)

Services staff, also participated in several health fairs. Additionally, the HCBW Program staff participated in ESS's Open House during Social Work month, distributing brochures and assisting in parent training.

Hudspeth Regional Center (HRC): Tours of HRC services were provided to students from Jackson State University and Belhaven College each semester. A coordinated agreement with Jackson State University allowed Hudspeth Regional Center (HRC) to provide a supervised internship for six students. Display boards and other information were provided at the Mississippi AAMR meeting, Job Fair for Rankin County Chamber of Commerce, USM Teacher Fair and the Mississippi Department of Education Teacher Fair.

Presentations about HRC local services were made to the *Winston County Journal*, at the Noxapater Cotton Gin Festival, to Good Hope Baptist Church, Evergreen Church, South Louisville Church, to the Winston County Board of Supervisors, and local schools to encourage involvement in HRC's program and the Foster Grandparent Program. A dedication ceremony was held on November 12, 2002, for the Kosciusko Group, which was featured on *Eye on Kosciusko*, a local cable channel, in January of 2003.

Family members are invited to certain special events, and numerous social events are held for individuals served at HRC's work activity centers and community homes. Some of these events also involve other members of the local community, as appropriate. Other examples of public awareness through involvement with the community were demonstrated by: MIDD Meridian, which included television and newspaper coverage of the annual watermelon cutting sponsored by the local VFW organization, a presentation made to a local high school as well as two civic clubs in the area, the annual Membership Meeting and Supervisor's Luncheon held at MIDD and the third annual Forum held at the local VFW hall; and by: Tri-County Industries, which reported to the Kemper County Board of Supervisors, Kemper County Civic League, Kemper County High School Career Fair and was featured in local newspaper articles.

HRC's Early Intervention Program (EIP) was featured in 206 public awareness activities for the five EIP programs. These activities included presentations, newspapers articles and TV coverage of special events, as well as radio and newspaper public service announcements. Additionally, the HRC Community Living Services/Case Management staff made numerous presentations to community clubs/organizations, such as the Clinton Community Christian Corporation and the Leadership Clinton Program. Brochures were mailed to all parties inquiring about HRC services. Staff also provided information at school transitioning parent meetings throughout the year. In addition, a display board outlining services provided through the Division of Community Services was utilized at workshops, and staff participated in conferences in which information was shared about the program. Tours of the Community Living Programs were conducted for staff from other agencies, public school groups and families. Information was also shared at Person-Centered Planning meetings throughout the year.

North Mississippi Regional Center (NMRC): Staff of the North Mississippi Regional Center conducted more than 100 tours of the campus for local and state officials, DMH Board members, students, prospective volunteers, and the general public to increase awareness of NMRC programs and services. News releases and photographs provided to media in NMRC's catchment area highlighted expansion of the Center's community-based programs (licensed community homes, work activity programs, day habilitation programs, and early intervention programs). Participation at high school and college "career" events provided information to students considering careers in the field of mental retardation and related areas. NMRC also provided practicum and internship training to 635 students representing 13 colleges and universities. Correspondence with university professors regarding available internships and practicum experiences for students and NMRC's University Affiliated Programs also served to increase awareness.

Open houses were held for new community-based programs including work activity/prevocational centers and licensed community homes. Public groundbreaking ceremonies brought awareness of new NMRC programs in

several north Mississippi communities. On-campus events including Very Special Arts enhanced community awareness and entertained hundreds of public school children. Each of NMRC's ICF/MR community homes also hosted at least one public awareness event. NMRC's website informed potentially thousands more of NMRC programs and events. Displays outlining NMRC services were prepared for use at programs and conferences throughout the northern 23 counties of the state. NMRC's Crossroads magazine is also an effective tool in publicizing the activities and services of the North Mississippi Regional Center. The Crossroads has been published quarterly since 1975 free of charge to individuals interested in mental health, the North Mississippi Regional Center, and the clients served at NMRC. The Project RUN staff participated in a variety of activities designed to promote public awareness including developing newspaper articles, presentations and providing information at local health fairs. During FY 2003, a new Project RUN videotape was developed highlighting services provided through each program. The Project RUN *Reader*, which contains articles and provides information on issues relating to early intervention, was distributed on a quarterly basis to more than 250 families and area service providers. A Project RUN Listing of Services was developed to provide information about services that are available at the four programs and was distributed to First Steps staff to review with families. The information sheet was distributed during public awareness activities conducted throughout the year.

South Mississippi Regional Center (SMRC) South Mississippi Regional Center FY 2003 - 2008 strategic and FY 2003 tactical plans identified public education and awareness as one of four major objectives. Plan objectives and key performance indicators were tracked and reported each quarter. Objectives included: providing an ongoing public education and awareness program about all agency services and capabilities using all available media resources; enhancing interagency collaboration to ensure strategic use of available resources; maximizing fiscal, human and material resources and nurture seamless system of service acquisition for consumers; educating federal and state policy makers, staff and other stakeholders about services, needs and implications of federal and state regulations, and legal actions such as, the Olmstead Decision and agency activities designed to meet these requirements. Some examples of SMRC's public relations activities in FY 2003 included: coordination of 248 events, in which staff played the primary role, such as in presentations, tours, interviews and special events; publication of 32 print media events, including newspaper and magazine articles; 14 E-media events, including television features, radio spots and interviews; translation of early intervention materials into Spanish to accommodate service interests and needs of Hispanic citizens in the six service counties; distribution of 512 Mississippi Department of Mental Health Division of Home and Community Based Services (HCBS) informational packets to inform individuals and families of a series of statewide meetings regarding renewal of state HCBS plan and to make available the HCBS Recipients Needs Assessment; making available survey forms to citizens for response to Mississippi Access to Care (MAC) initiative; working with local officials and local radio and television stations that featured Picayune Industries' successful county-wide newspaper recycling project; provision of public education activities, including publication of a newsletter, to inform schools, hospitals, other agencies and civic groups about Project PRINTS Early Intervention Program, provision of specialized training by Project PRINTS staff on working with children with special needs, and continued collaboration by Project PRINTS with Local Education Agencies, Head Start programs and several area colleges and universities; dissemination of information about Diagnostic Services and Case Management programs through participation in events such as the New Hope Center Consortium for People with Disabilities, an Awareness Fair held at Edgewater Mall in Biloxi, and presentations to local schools and community organizations; participation by staff in the third annual Kamp Kaleidoscope for children with autism spectrum disorders, as well as leadership by SMRC's Director of Education in statewide autism training initiatives; and continued public awareness and education activities focused on SMRC's Home and Community-Based Services (HCBS) Waiver program, including informational meetings with community service providers and agencies, presentations and training sessions, as well as through distribution of informational packets.

Juvenile Rehabilitation Facility (JRF): Juvenile Rehabilitation Facility staff participated in several local community events to not only be “good neighbors,” but to also let the community know about JRF. These events included: American Cancer Society’s Relay for Life, May 2003; Brookhaven Christmas Parade; Exchange club Fair; Lincoln County Health Fair; and Mississippi Diabetes Foundation Walk, October 2003.

The **MS Council on Developmental Disabilities** continued to publish a newsletter, *Positive Outcomes*, for the purpose of publicizing success stories involving people with developmental disabilities and service providers. Four publications were disseminated during the year.

Mental Retardation/Developmental Disabilities Awareness Month

Bureau of Mental Retardation staff coordinated and assisted with MR/DD Awareness Day at the Capitol on March 12, 2003. The Day at the Capitol included displays from the Bureau of Mental Retardation in the Department of Mental Health and the First Steps Early Intervention Program, as well as the following 12 programs: TEAAM on Autism Awareness; Parent Partners on Educational Information for Students with Disabilities; Arc of MS on Advocacy, Education, and Policy-Making; Deaf/Blind Program on Services for Individuals with Deafness/Blindness; South MS Regional Center on Diagnostic and Evaluation Services and the Mobile Evaluation Unit; Ellisville State School on Early Intervention Programs; Boswell Regional Center on Employment Programs; Hudspeth Regional Center on Community Living Programs; North MS Regional Center on Assistive Technology; Juvenile Rehabilitation Facility on Services for Juveniles; Millcreek on Home and Community Based Waiver Services; and Willowood Developmental Center on Services for Individuals with Developmental Disabilities.

Examples of additional MR/DD Awareness Month activities in which various regional centers and community centers participated included:

Boswell Regional Center (BRC): Articles were featured in the *Magee Courier* and *Brookhaven Daily Leader* newspapers; a proclamation in recognition of the month was signed by the mayor of Magee; Boswell Regional Center staff distributed a fact sheet/brochure; and the BRC Choir made special appearances.

Ellisville State School (ESS): A proclamation in recognition of the month was signed by the mayor of Ellisville; ESS participated in the Jones County Junior College Job Fair; the Assistant Director of Community Services and the Units Director appeared on the morning show of the local television station; ESS staff also made guest appearances on WDAM and the Midday Show; ESS hosted an open house for members of the community; a groundbreaking ceremony was held for ICF/MR community homes in Bay Springs; and the *Laurel Leader Call* featured a two-page article about the ESS Early Intervention Program and Home and Community-Based Waiver Services.

Hudspeth Regional Center: The local newspaper featured an article about the MIDD program, primarily on service an individual received at MIDD Meridian; staff at Tri-County Industries spent part of a day at the Kemper County Courthouse talking to people about mental retardation/developmental disabilities; radio interviews promoting MR/DI Month and featuring the Directors of Louisville Industries and the Louisville Group Homes, as well as a local representative were broadcast; an article featuring the Yazoo City Early Intervention Program was published in the *Yazoo City Herald*; public services announcements were sent to WGBC-TV, WTOK-TY, 970 KK, and WLBT-TV individuals served by HRC and families participated in a cook-out held in recognition of MR/DD Awareness Month and other special activities were held (camping trips, small parties, Penn’s catering, fishing trips and barbecues); an Morton Industries was featured in an article in the *Spirit of Morton* newspaper during the month.

North Mississippi Regional Center (NMRC): Staff and clients at each of NMRC's ICF/MR community homes hosted MR/DD Awareness Month events during the month of March; a series of news releases regarding MR/DD

Awareness Month and highlighting NMRC services of local interest were provided to editors of newspapers throughout the northern 23 counties of Mississippi--media usage was excellent, with publication of most articles in publications, such as *The DeSoto Times* and the *Daily Corinthian*, as mailed and in some cases, expanded by local writers; Project RUN conducted a Child Find campaign in March to coincide with Developmental Disabilities Month. Child Find letters and Project RUN information sheets were distributed to area physicians, school district personnel, rehabilitation groups, and local health department staff; open houses were held at Calhoun Industries, Grenada Day Habilitation, Lafayette Industries, Panola Industries, Tupelo Day Habilitation, Marshall Industries, Clarksdale Day Habilitation, Tishomingo Industries, Bodock Grove ICR/MR community homes and Quail Run ICF/MR community homes; client appreciation days fun days, cookouts and other special outings were held at the James W. Mann Haven Homes, at the Elmwood/Redwood ICF/MR community homes and at the Briar Ridge ICR/MR community homes. The City of Oxford also recognized the month with a special proclamation.

During 2002-2003, staff conducted meetings with representatives of other service and educational agencies including the local school systems and their Special Education Departments to explain the services North Mississippi Regional Center Work Activity Centers offer and provided an opportunity for teachers and classes to visit locations during operational hours to see activities first-hand. Also, numerous community contacts were made with governmental agencies, civic officials, and resource personnel including the local library staff, local newspapers, clergy, medical services personnel and representatives from the business community. An open house was held twice during the year at each location, during Developmental Disabilities Awareness month and during the Christmas season. Work Activity Centers participating were Marshall in Holly Springs, DeSoto in Hernando, Itawamba in Fulton, Calhoun in Bruce, and Lafayette Industries in Oxford. Each Center also offered tours during the year; athletes from the Alternative Living Arrangements program attended the Special Olympics Track and Field events and competed in a variety of events that were held at the University of Mississippi. These individuals also participated in tennis and several track events at the Special Olympics Summer Games at Keesler Air Force Base in Biloxi, MS.

South Mississippi Regional Center (SMRC): South Mississippi Regional Center held 57 major public relations activities highlighting March as MR/DD Awareness Month. Fact sheets concerning MR/DD awareness were distributed through SMRC's 28 service programs. Activities included displays and presentations at local city and county libraries and Chambers of Commerce. Additional presentations were made at the Hancock Bank of Poplarville, Mississippi Gulf Coast Community College, Notre Dame de la Mer Retirement Community and Picayune Memorial Junior High School. Open house and appreciation days were hosted by programs in Gautier, Gulfport, Picayune, Poplarville, Waveland and Woolmarket. Other community programs visited service providers in their area to present certificates of appreciation. Media releases included the *Gautier/Vancleave Press* and the *Picayune Item*. Project PRINTS, in conjunction with other early intervention programs (EIP), displayed an information board at the Capitol for Early Intervention Awareness Day in March, 2003; Project PRINTS displayed information boards in conjunction with First Steps and other state agencies participated in the First Annual MS Early Childhood Conference in March, 2003.

The Juvenile Rehabilitation Facility (JRF): Tours of the facility were provided for local civic clubs and church organizations, which were attended by local officials and other members of the community.

PLANNING

The *FY 2004 State Plan for Department of Mental Health Related Services for Individuals with Mental Retardation/Developmental Disabilities* was completed in FY 2002 and was submitted to the State Board of Mental Health in May 2003 for review, with approval granted by the Board in June 2003. The State Plan was also made available through the DMH's website. The Bureau of Mental Retardation continued use of a database system that allows for the capturing of unique identifiers and trends. Various reports have been developed based on the information collected in this database. Refinement of the database capabilities and development of new reports is ongoing.

SERVICES

An array of services/supports continued to be made available through the Bureau of Mental Retardation for individuals with mental retardation/developmental disabilities. Table 20 shows the number of individuals receiving community services through Bureau of Mental Retardation programs in FY 2003.

Table 20 Community Services Data for Fiscal Year 2003	
Community Living Services	808
Work Activity	1,159
Early Intervention/Child Development	1,094
Case Management	2,117
Diagnostic and Evaluation	1,106
Employment Related Services	255
Assistive Technology Evaluations	619
Support Services (Day Support/Elderly Psychosocial)	64
Home and Community Based Services-MR/DD	1,908

In FY 2003, 808 individuals were provided **Community Living** services. This total includes individuals served in a variety of community living services, such as group homes, ICF/MR community homes, and supervised and supported living.

Table 21 lists the locations of **group homes** and the facilities that operate the homes that are funded through the Bureau of Mental Retardation.

Table 21 Community Living Services Providers and Locations	
Boswell Regional Center	Brookhaven (3), Magee (3), Wesson (2) Mendenhall (2), Hazlehurst (2)
Community Counseling Services	Starkville
Delta Community Mental Health Services	Greenville and Cleveland
Ellisville State School	Ellisville (2), Hattiesburg (3), Laurel(3), Waynesboro (2), Lumberton (2), Sumrall (2), Columbus, Richton (2) and Taylorsville (2), Prentiss (2)
Hudspeth Regional Center	Meridian (2), Whitfield ,Louisville (2), Morton (2), Kosciusko (2), Kilmichael (2) and Brandon
Life Help	Greenwood (2)
Mississippi Christian Family Services	Rolling Fork (2)
North Mississippi Regional Center	Batesville (2), Bruce (2), Hernando (2), Oxford, Pontotoc (2), Tupelo (2), Fulton (2), Corinth (2), Senatobia (2), and Booneville (2)
Region One Mental Health Center	Clarksdale
Region 14 Singing River Services	Gautier
South Mississippi Regional Center	Biloxi (2), Gautier (3), Picayune, Poplarville (2), Wiggins (2), Gulfport and Waveland (2)
Willowood	Clinton, Jackson and Pearl

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

Table 22 lists Department of Mental Health **Supervised Living** providers and locations.

Table 22 Community Living- Apartment Providers and Locations	
Boswell Regional Center	Magee, Brookhaven
Ellisville State School	Ellisville, Laurel and Columbus
Hudspeth Regional Center	Clinton, Pearl and Brandon
North Mississippi Regional Center	Oxford and Tupelo
Singing River Services	Lucedale
South Mississippi Regional Center	Biloxi, Gulfport and Picayune
St. Francis Academy	Picayune
Warren-Yazoo Mental Health Services	Yazoo City
Willowood	Jackson

Respite Services are available through the five regional centers for persons with mental retardation, operated by the Department of Mental Health.

A total of 2,117 individuals were served through the MR/DD **Case Management** system in FY 2003. See Table 23 for a list and locations of case management programs.

Table 23 Case Management Providers and Sites	
Boswell Regional Center	Magee and Brookhaven
Ellisville State School	Ellisville and Columbus
Hudspeth Regional Center	Jackson, DeKalb and Meridian
Mississippi Christian Family Services	Rolling Fork
North Mississippi Regional Center	Oxford
South Mississippi Regional Center	Long Beach
Region One Mental Health Center	Clarksdale
Region 3 Mental Health Center	Tupelo
Region 4 Mental Health Center	Corinth
Region 5 Mental Health Center	Greenville
Region 6 Mental Health Center	Greenwood
Region 7 Mental Health Center	Starkville
Region 8 Mental Health Services	Brandon
Region 11 Mental Health Center	McComb
Region 12 Mental Health Center	Hattiesburg
Region 14 Mental Health Center	Pascagoula
Region 15 Mental Health Center	Yazoo City

A total of 1,159 individuals were served through the **Work Activity** services in a daily program of work-related or vocational opportunities. See Table 24 for a list and locations of work activity services.

Table 24 Work Activity Services Providers and Sites	
Boswell Regional Center	Brookhaven and Magee
Ellisville State School	Heidelberg, Laurel and Columbus
Hudspeth Regional Center	DeKalb, Louisville, Meridian, Kosciusko and Morton
North Mississippi Regional Center	Bruce, Fulton, Hernando, Tupelo, Iuka, Oxford, Corinth, Courtland, Pontotoc, Grenada, Holly Springs, Booneville and Ripley
South Mississippi Regional Center	Biloxi, Picayune, Poplarville, Wiggins, Gautier, and Lakeshore
MIDD-West	Vicksburg
Mississippi Christian Family Services	Rolling Fork
Region 1 Mental Health Center	Clarksdale
Region 5 Mental Health Center	Cleveland and Greenville
Region 6 Mental health Center	Greenwood, Indianola, and Lexington
Region 7 Mental Health Center	Starkville
Region 8 Mental Health Services	Brandon, Canton and Mendenhall
Region 12 Mental Health Center	Columbia, Hattiesburg, Laurel, Purvis, and Waynesboro
Region 13 Mental Health Center	Gulfport and Pearlinton
Region 14 Mental Health Center	Lucedale and Pascagoula
Region 15 Mental Health Services	Yazoo City
Willowood	Jackson

A total of 255 individuals were provided services through the **Employment Related Services** program. See Table 25 for a list of providers and locations of these employment activities.

Table 25 Employment Services Providers and Sites	
Boswell Regional Center	Magee and Brookhaven
Ellisville State School	Taylorsville, Laurel, Lumberton, Waynesboro, Sumrall, Richton, Prentiss, Columbus, Heidelberg, and Bay Springs
Hudspeth Regional Center	Whitfield, Meridian, Louisville, Morton, Pearl, Madison, Jackson, Brandon, Clinton and Kosciusko
North Mississippi Regional Center	Oxford, Hernando, Bruce, Tupelo, Iuka, Corinth, Holly Springs, Courtland, Fulton, Grenada, Booneville, Ripley and Pontotoc
South Mississippi Regional Center	Biloxi, Poplarville, Picayune, Gautier, Lakeshore and Wiggins

The number of children who were served through the **Early Intervention/Child Development** program was 1,094..
 See Table 26 for a list of providers and locations of Early Intervention/Child Development Programs.

Table 26 Early Intervention/Child Development Program Providers and Sites	
Boswell Regional Center	Site: Meadville Outreach Counties: Simpson, Pike, Adams, Lincoln, Walthall, Wilkinson, Amite, Jefferson
Ellisville State School	Sites: Laurel and Waynesboro Outreach Counties: Jones, Smith, Lamar, Jasper, Forrest, Greene, Covington, Clark, Perry, Wayne
Hudspeth Regional Center	Sites: Whitfield, Meridian, Louisville, Philadelphia and Yazoo City Outreach Counties: Rankin, Madison, Hinds, Leake, Yazoo, Scott, Winston, Webster, Noxubee, Holmes, Humphreys, Neshoba, Sunflower, Lauderdale, Newton, and Choctaw
Mississippi Christian Family Services	Site: Rolling Fork
North Mississippi Regional Center	Sites: Oxford, Grenada, Hernando and Clarksdale Outreach Counties: DeSoto, Leflore, Tate, Montgomery, Quitman, Tallahatchie, Panola, Yalobusha, Calhoun
South Mississippi Regional Center	Sites: Picayune, Gautier, Biloxi, Waveland, and Gulfport Outreach Counties: Stone and George
Willowood	Site: Jackson
Region 5, Delta Community Mental Health Services	Sites: Cleveland and Greenville

A total of 1,908 individuals received **Home and Community-Based Waiver** services. Services were provided through all five regional centers, as well as through some private, non-profit programs. Services provided included personal care, in-home respite, day habilitation, residential habilitation, and ICF/MR respite.

Table 28 HCBS Attendant Care and In-Home Respite Providers and Sites	
Boswell Regional Center	Sanatorium, Brookhaven
Ellisville State School	Ellisville and surrounding areas
Hudspeth Regional Center	Jackson and surrounding areas
Millcreek	Magee (statewide)
North Mississippi Regional Center	Oxford and surrounding areas
Nursing Management	Gulfport (southern 2/3 of state)
Oxford Healthcare	Jackson (statewide)
Southern Healthcare	Jackson (statewide)
South Mississippi Regional Center	Long Beach and surrounding areas
Prime Care	Magee (statewide)

Table 29 HCBS Supervised/Supported Residential Habilitation Providers and Sites	
Boswell Regional Center	Brookhaven, Hazlehurst, Magee, Mendenhall
Ellisville State School	Columbus, Hattiesburg, Laurel
Hudspeth Regional Center	Brandon, Clinton, Jackson, Pearl
North Mississippi Regional Center	Bruce, Corinth, Oxford, Tupelo
Saint Francis Academy	Picayune
South Mississippi Regional Center	Biloxi, Gautier, Gulfport, Picayune
Warren-Yazoo Mental Health Center	Yazoo City
Singing River Services	Lucedale

**Table 30
HCBS Day Habilitation Providers and Sites**

Boswell Regional Center	Brookhaven
Community Counseling Services	Columbus, Macon, Starkville
Ellisville State School	Laurel
Life Help	Greenwood, Indianola, Lexington
MIDD-West	Vicksburg
Millcreek	Collins, Grenada, Jackson, Long Beach, Ocean Springs, Port Gibson, Tupelo
Mississippi Christian Family Services	Rolling Fork
North Mississippi Regional Center	Clarksdale, Grenada, Tupelo
Pine Belt Mental Healthcare Resources	Hattiesburg, Laurel, Waynesboro, Prentiss, Purvis, Columbia
Singing River Services	Pascagoula
South Mississippi Regional Center	Biloxi, Gautier, Lakeshore, Picayune, Poplarville, Wiggins
Warren-Yazoo Mental Health Services	Yazoo City
Willowood	Jackson

**Table 31
HCBS Prevocational Services Providers and Sites**

Boswell Regional Center	Brookhaven, Magee
Ellisville State School	Columbus, Heidelberg, Laurel, Taylorsville, Richton, Prentiss
Gulf Coast Mental Health Center	Gulfport, Pearlington
Life Help	Greenwood, Indianola, Lexington
MIDD-West	Vicksburg
Millcreek	Collins, Grenada, Jackson, Long Beach, Moss Point, Port Gibson, Tupelo
North Mississippi Regional Center	Bruce, Corinth, Fulton, Hernando, Holly Springs, Courtland, Iuka, Oxford, Tupelo, Grenada, Ripley, Booneville
Pine Belt Mental Healthcare Resources	Columbia, Hattiesburg, Laurel, Purvis, Waynesboro, Prentiss
Region 8 Mental Health Services	Brandon, Mendenhall
Singing River Services	Lucedale, Pascagoula
South Mississippi Regional Center	Biloxi, Gautier, Lakeshore, Picayune, Poplarville, Wiggins
Warren-Yazoo Mental Health Services	Yazoo City
Willowood	Jackson

Table 32 HCBS Supported Employment Services Providers and Sites	
Boswell Regional Center	Magee
Hudspeth Regional Center	Brandon, Clinton, Jackson, Pearl, Louisville, Meridian, Kosciusko
Millcreek	Collins, Grenada, Jackson, Long Beach, Ocean Springs, Port Gibson, Tupelo
Singing River Services	Pascagoula, Lucedale
South Mississippi Regional Center	Biloxi, Gautier, Lakeshore, Picayune, Poplarville, Wiggins
St. Francis Academy	Picayune
Warren-Yazoo Mental Health Services	Yazoo City

Table 33 HCBS Community Respite Providers	
Millcreek	Jackson, Long Beach, Moss Point
Hudspeth Regional Center	Whitfield
Ellisville State School	Columbus, Laurel
South Mississippi Regional Center	Gulfport, Biloxi

Table 34 HCBS Behavior Support Intervention Providers	
Boswell Regional Center	BRC Catchment Area
Hudspeth Regional Center	HRC Catchment Area
South Mississippi Regional Center	SMRC Catchment Area
North Mississippi Regional Center	NMRC Catchment Area
Millcreek	Statewide

Mississippi Council on Developmental Disabilities Initiatives

The MS Council on Developmental Disabilities continued to provide funding for initiatives that support individuals with disabilities in the following life goal areas: employment, educational and early intervention, housing, health, recreation, transportation, quality assurance and community supports. Project activity highlights in selected areas in FY 2003 included:

Employment: 73 adults have jobs of their choice through Council efforts; 48 employers provided vocational supports to students on the job; 49 businesses/employers employed adults; 50 employment programs/policies were created/improved, and 1168 persons were trained in employment. Through one project, approximately 200 Workforce Investment Network (WIN) Center staff within the 15 state WIN Centers received training in employment opportunities for persons with significant developmental disabilities. The focus of the training was on customized employment for people with challenging behaviors or people who require the most support. Additionally, the MS Band of Choctaw Indians completed their "Career Exploration" project, 16 curriculum guides and video presentations to be used by seven Native American tribes in Mississippi. The completed materials were presented at four national Native American conferences, and tribes in various states have requested and received copies of the curriculum.

Education and Child Development: 119 students were reported to receive the education and support they need to reach their educational goals through Council efforts; 41 infants and young children were reported to have the services/supports needed to reach developmental goals through Council efforts; 60 students transitioned from school to the community and jobs; five children transitioned from early intervention and preschool to inclusive schools/classrooms; 15 post-secondary institutions improved inclusive education; 27 schools improved IEP practices; and, 725 persons were trained in inclusive education.

Housing: 12 individuals have homes of their choice through Council efforts; seven banks made mortgage funds available to enable people to own their own homes; three housing programs/policies were created or improved; 10 units of affordable accessible housing were made available; home ownership/rental was facilitated for 32 persons; and 195 people received training in housing.

Health: 100 people received needed health services through Council efforts; 358 people were trained in health care services; and, 77 people received improved health services. A significant event resulted from a Council funded initiative implemented by the Division of Child Development and Behavioral Pediatrics at the University of MS Medical Center, designed to support families of children with autism and autism spectrum disorders through behavior intervention, instruction and research. Success of the project facilitated support by administrators and policy makers and in April 2003, a Mississippi Child Development Institute was developed and physically located at the Jackson Medical Mall. The establishment of a clinically based research and teaching program for children with autism and their families will ultimately lead to children being able to remain in their home, community and schools.

Recreation: 572 people were active in recreational activities through Council efforts, and 631 people were trained in recreation. During the fiscal year, the MS Council on Developmental Disabilities co-sponsored the inaugural Conference on Recreation Inclusion, attended by over 100 individuals from across the state interested in learning concepts and strategies to promote community inclusion of persons with disabilities through leisure activities.

Transportation: 121 people received transportation services through Council efforts, and 707 people were trained in transportation. During the year, Region 8 Community Mental Health Services worked on a project to develop a transportation guide that will be ready for dissemination in 2004. This guide will be useful in activities such as promoting awareness, training, transportation source referrals and informing policy makers, and it will influence transportation supports, services and policy directions for persons with disabilities in Mississippi.

Quality Assurance: 168 people were reported as benefiting from quality assurance efforts of the Council, which are aimed at contributing to and protecting self-determination, independence, productivity, and integration of individuals with disabilities in all facets of community life; 2,453 people were trained in the area of quality assurance. One initiative funded during the year is the Direct Support Professional Opportunity (DSPO) project with the Mississippi Industries for Individuals with Developmental Disabilities (MIDD), which is consistent with the federal Administration on Developmental Disabilities call to states to support investments that strengthen workforce opportunities for workers serving in direct care capacities. During the year, the coordinator of the DSPO project researched other states' direct support professional plans, planned and implemented the first annual training activities to increase understanding of the DSPO activities, introduced the College of Direct Support Professional model to state level policymakers, developed a state level DSPO Advisory Committee, and is in the beginning stages of creating a Direct Support Professional Organization. The Council also supported the first year of a self-advocacy service, through which 21 self-advocates were identified and participated in a nationally recognized leadership training program.

Community Supports: 309 persons were reported as having received formal/informal community supports through Council efforts, and 1380 individuals were trained in this area. As in previous years, the Person-Centered Planning initiative, designed to enhance the use of the person-centered planning process throughout various state agencies and support organizations, thereby improving outcomes for individuals with disabilities and their families, has had an ongoing impact across services and communities in the state. MS Council on Developmental Disabilities funding for the multi-year initiative, which was implemented by the Department of Curriculum and Instruction and Special Education at the University of Southern MS (USM), ended in September, 2003; however, as noted in this Annual Report, the provision of training in the person-centered planning approach and the increase in the development of person-centered plans for individuals with developmental disabilities have continued statewide.

INTERAGENCY COLLABORATION

The Bureau of Mental Retardation continued to provide information as requested regarding activities related to objectives in the *Mississippi Access to Care (MAC)* Plan.

The Bureau of Mental Retardation continued to collaborate effectively with the following agencies/committees:

- First Steps Early Intervention Programs (Mississippi State Department of Health) – The DMH Early Intervention Coordinator participated in meetings, joint training on Part C of IDEA and early intervention practices. The Bureau co-sponsored the first annual Early Intervention Conference, served on the planning committee for the conference and participated in the poster session.
- Mississippi Advisory Panel on Special Education - A Bureau of Mental Retardation staff person was elected Vice Chairperson of the Advisory Panel, continuing to meet with the panel and assisting in preparing its annual report.
- Advisory Board for Mississippi Statewide Services for Individuals who are Deaf/Blind– Three members of the Bureau of Mental Retardation are on the Deaf/Blind Advisory Board, which among other activities, focused objectives for the next grant cycle.
- Bringing Resources, Inclusion and Developmentally Appropriate Gains to Every Child in Mississippi (BRIDGES) Committee – The Bureau of Mental Retardation continued to participate in BRIDGES meetings and collaboration activities, which renewed its focus on the BRIDGES curriculum in FY 2003.

- State Interagency Coordinating Council (SICC) – The Bureau of Mental Retardation continued to participate in SICC meetings and activities, which in FY 2003 focused on a self-assessment for the Continuous Improvement Monitoring Process that examined the state's implementation of Part C of IDEA.

During FY 2003, 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**:

Boswell Regional Center: Monthly collaborative meetings were held on the fourth Tuesday of every month. Boswell Early Intervention Program (EIP) mailed a monthly calendar to First Steps informing them of the children's activities for that month, and the EIP Director attended the State Interagency Coordinating Council meeting.

Ellisville State School: The Early Intervention Program (EIP) staff collaborated with First Steps in public awareness, Child Find, and training activities during FY 2003. EIP staff and First Steps staff participated jointly with families in habilitation planning meetings.

Hudspeth Regional Center: Hudspeth Regional Center's EIP staff participated in activities with the First Steps Early Intervention staff at each of its five programs. Staff attended Individualized Family Service Plan (IFSP) meetings, organized and invited First Steps staff to quarterly parent/staff meetings, Part C training and Child Find activities.

North Mississippi Regional Center: Project RUN (Reaching Us Now) staff worked cooperatively with the First Steps Early Intervention staff in the provision of services through the four Project RUN programs located in Oxford, Grenada, Hernando, and Clarksdale. The Mississippi Department of Health's First Steps Early Intervention Program, which serves as the lead agency for Early Intervention, referred 107 children to Project RUN for services during FY 2003; 44 of those children were evaluated and referred for services in Project RUN through the Diagnostic Services Department. Project RUN staff participated in the development of 60 Individualized Family Service Plans (IFSP) and 32 transition meetings held throughout the year. The Project RUN staff invited the staff to participate in joint training and public awareness activities conducted during the year. In addition, the Project RUN staff have been allowed to utilize space in local health departments to provide outreach services in Leflore, Quitman, and Panola counties. Each Project RUN Early Intervention Program serves as a location for the First Steps Resource Library containing information available to families including a variety books, videotapes and other resource materials provided through the Department of Health.

South Mississippi Regional Center: First Steps has continued to function as the primary referral source for Project PRINTS. First Steps Early Intervention System provided evaluations and therapy as payor of last resort for children referred to Project PRINTS and provided assistance to families whose children were transitioning from Project PRINTS to their local school district. Project PRINTS staff members participated in several activities in conjunction with the First Steps Early Intervention System to help disseminate information regarding early intervention to the general public and other community service organizations through activities such as: the Early Intervention Awareness Day at the Capitol and the First Annual MS Early Childhood Conference, both held in March, 2003; a presentation to students in a Child Development Class at Picayune High School who are enrolled in a child development class; and, monthly and quarterly joint staff meetings to expedite the referral process and enhance collaboration between the two agencies.

PERSON-CENTERED PLANNING

In FY 2003, the five regional centers participated in the following activities to increase the number of person-centered plans, including plans with families of infants and toddlers in early intervention programs and with older individuals. A summary of those activities by each center follows:

Boswell Regional Center: Boswell's Early Intervention Program (EIP) refers to the Person-Center Planning process as resulting in a Family Centered Plan (FCP). Training on the process was attended by staff and parents; increased awareness resulted in several parents requesting the (FCP) Family Centered Plan from Boswell's EIP, which completed seven plans. Boswell Center's Prime Timer's geriatric program was established last year to help individuals refocus energies on different pursuits when their age or medical condition minimizes benefits from regular programming. The program provides leisure activities on a daily basis that are suitable for the aging population and are designed to maintain and/or prevent regression of current skills. Use of the Personal Planning System Software (PPS) has facilitated the shift to a more person-centered planning approach for all individuals served by the Boswell Center. Plans developed using this system use the individual's visions for the future as guides for training objective development in several areas: living arrangements, primary activity, learning, friends, fun and a general category for team, family members and anyone else with whom the person chooses to be involved. Based on the personal goals, interdisciplinary services, skills and/or supports are implemented with the common goal of assisting the person to meet his or her vision of the future. Thus far, BRC has developed 144 plans (an increase of 62 over the number reported last year) using this system, with exemplary results based on information obtained from the Interdisciplinary Team and the family. The implementation of the plan has afforded individuals with more freedom and generally more realistic goals on which to work.

Ellisville State School: Home and Community Based Services (HCBS) Waiver program staff participated with three families in their person centered plans. The 110 residents of ESS who are 55 or older received a "Person Centered" Habilitation plan. The current Comprehensive Functional Assessment contains an addendum for elderly persons to ensure that the assessment needs of this special population are addressed. The basis of the individual's habilitation plan is the team's "Vision" for the individual in terms of training to increase independence and self-sufficiency and improve quality of life, whereby, the individual being served, their family, their closest friends and care-givers provide valuable input. Integrating quality of life indicators into the interdisciplinary team process is facilitated by the participation of the individual being served and those who know and are concerned for the individual, such as family, friends and significant others.

Hudspeth Regional Center: Person-Centered Planning (PCP) meetings continued to be a part of the process of developing new plans and updating existing plans in conjunction with Habilitation/Service Plan meetings in Community Living Services. Additionally, Community Living Services/Case Management staff attended several Person-Centered Planning meetings at Willowood Developmental Center and other agencies, to provide input and information regarding services available through Hudspeth Regional Center. Staff continued to be involved in making appropriate referrals for older adults, as needed, using PCP meetings to facilitate this process. Staff completed 26 Person-Centered Plans this fiscal year for individuals, ages 55 and older, as well as four plans for older individuals living in the ICF/MR Community Homes.

Person-Centered Planning meetings allowed individuals to voice their wishes, needs and dreams for the future, affording them the opportunity to express their likes and dislikes and allowing for more choices to be presented by staff, family and others. The process increases self-management opportunities and community involvement. Examples of the impact of Person-Centered Planning meetings facilitated by HRC included: 20 individuals received new competitive employment jobs; 13 individuals were enrolled in reading classes; five individuals moved to another

apartment setting with another roommate; and all individuals received more recreational opportunities. Other specific examples include the facilitation of one person with no use of his arms or legs to attend Mississippi State University; provision of assistance to one individual who must use a wheelchair for mobility so that he could live in his own home; and, helping one individual with no hearing or sight become aware that he can learn to communicate with others.

North Mississippi Regional Center: The Project RUN Early Intervention staff conducted 1171 Individual Family Service Plans Clients during FY 2003 and collaborated closely with First Steps. Individuals served in the ICF/MR community homes participate in developing their own individual program plans with interdisciplinary team members; 150 individuals (including Fernwood residents) served in ICF/MR community homes participated in their individual program plans. The Alternative Living Arrangements Program develops habilitation plans for all individuals enrolled in the program on an annual basis and more often if needed. The program staff (traditional group homes, supported living apartments, work activity), the family, the individual, and any other individuals who are involved in the individual's life meet to develop the plan. At the meeting strategies are developed to help the individual to become as independent as possible as well as meeting his/her desires in life, and the wishes of the individual are given top priority at all times. The number of plans developed for persons 55 and over was ten (10). Person-Centered planning is the focus of each Individual Program Plan/Individual Support Plan developed with individuals served at the North Mississippi Regional Center, which used a collaborative process, inviting the individual, the legal guardian/parents, staff/professionals to participate in the formation of the plans. Strengths and needs are noted along with individuals' desires and eligibility in development of plans.

The quality of life for persons in NMRC's community homes is enhanced by the total involvement of individuals in the planning process and goal enactment stages to reach his/her potential. Various opportunities are afforded to promote integration in the community, independence and self-determination, such as grocery shopping and meal preparation; attending local community events, such as theatrical performances, and special sporting events. Through their participation in many of these events and outings, individuals served are able to practice what is learned in the teaching settings provided by the home. NMRC's Alternative Living Arrangements Program uses the process to develop program plans and assist the individuals in making realistic decisions regarding their lives. Through the planning process, individuals are given the opportunity to express their feelings about what they want in life. Also, individuals involved in the individual's life are able to express and share concerns about the well being of the person. Each person involved in the process has shown remarkable independence in the home/apartment setting as well as in the community setting, allowing for greater inclusion into social settings that are readily available and for flexibility in addressing individuals' and families' unique circumstances and issues.

South Mississippi Regional Center: Project PRINTS staff continued to serve as statewide trainers for the Family Centered Planning process for infants and toddlers and assisted one local education agency with the development and implementation of two family-centered plans for school-age children. SMRC staff conducted Person-Centered Plans or Planning Meetings for individuals served in residential programs, facilitated in a person-centered manner. A total of 98 Person-Centered Planning Meetings were facilitated for individuals living in community-based programs, of which 37 were meetings facilitated for older adults with mental retardation/developmental disabilities. The HCBS Support Coordination focused on coordinating service plans and provisions of all referred and eligible individuals using a person-centered approach, conducting 20 Person-Centered Educational/Transition Planning Meetings for adult students exiting the school system and entering in a variety of community based services or programs during the year.

Support Coordination staff continued to serve as Person-Centered Facilitators for SMRC's six-county service area as needed, resulting in coordination for appropriate medical programs and services, school based services, mental health programs, vocational rehabilitation services, pre-vocational training, community employment, in-home assistance and

residential living arrangements and services. Examples of significant outcomes for individuals include: discharge of an individual from a facility setting to a supervised apartment and provision of supported employment leading to an outcome of community employment for another individual. Person-Centered Planning for older individuals facilitates rapport by staff and peers with individuals whose verbal communication and comprehension skills may be limited and provides more creative semi-retirement and retirement activities. Retirement activities promote renewed energy, decrease confusion, and address behavioral difficulties in a positive way.

TRAINING

The Bureau of Mental Retardation's Central Office staff continued to provide training and technical assistance during FY 2003, presenting six training sessions to various local service providers on case management; four training sessions on waiver renewal; one training session on the Home and Community Based Waiver for MR/DD (overall); one training session on waiver support coordination; one session on the *DMH Minimum Standards for Community Mental Health/Mental Retardation Services*; one training session on work activity services; one training session on behavior intervention; one training session addressing work activity, supported employment and case management services; and, one training session addressing case management services, prevocational services and day habilitation services.

Assistive Technology

The following demonstrations of assistive technology applications for families and service providers (on and off-campus) were provided by the regional centers in FY 2003:

Ellisville State School: ESS Assistive/Communication Technology Services (ACTS) provided demonstrations of assistive technology applications to families, staff local hospital personnel and students from the University of Southern Mississippi. Training was provided on specific communication devices to center and local speech/language pathologists. All training met specific needs of individuals with developmental disabilities.

Hudspeth Regional Center: Assistive Technology training through demonstrations of applications for families and service providers was ongoing on HRC's campus and in the community. Assistive Technology Unit (ATU) staff provided 165 demonstrations of applications or specific device training for families and service providers in FY 2003. Training included evaluations to determine programming recommendations, specification of systems for augmentative communication; computer usage, feeding, and environmental control. In addition, the HRC ATU completed 358 assistive technology evaluations and provided 946 technical assistance calls in FY 2003.

North Mississippi Regional Center: The NMRC TAD (Technology Assistive Device) Center continued to function as a community resource of the NMRC, providing evaluations, training, and support in augmentative communication, general assistive technology, computer access and computer assisted instruction, and positioning and mobility. Additionally, the TAD Center served as a preview/demonstration center for software, adaptive computer equipment, and augmentative communication devices. The NMRC Technology Assistive Device Center (TAD) provided the following services in FY 2003: evaluations to 246 individuals from north Mississippi in the areas of augmentative communication, alternative means of writing, computer access and computer assisted instruction, general assistive technology, and positioning and mobility; 738 different services provided to individuals, including demonstrations and training on-site of equipment, software recommendations, and fabrication of light tech systems; demonstrations of assistive technology applications to more than 921 clients, families, professionals, and pre-professionals; training on specific assistive technology services/devices to 462+ pre-professionals and professionals, including lectures for the

University of MS Special Education, Communicative Disorders, and Pre-OT/PT classes; over 455 telephone consultations for assistive technology support; 23 presentations made at conferences, including the Autism Task Force, the North MS Educational Consortium, the U.S. Department of Defense Education Activity, and the North MS Speech and Hearing Association; monthly ongoing support for Project RUN and resource support to the First Steps programs; work with AmeriCorps/InterACT personnel to provide a computer lab with ongoing computer assisted instruction to 18 NMRC clients; and, a weekly Communications Group (primarily Minspeak) provided to on-campus NMRC clients and monthly support to community homes in Senatobia, Batesville, and Pontotoc.

The NMRC Communications Department also provided training and support in augmentative communication and assistive technology. New staff are exposed to assistive technology and augmentative communication systems during their orientation. The Communications Department also demonstrated the use of assistive technology during weekly language classes in the classroom. In addition, the Communications Department provided assistive technology support to teachers and psychology, and during 2003 provided training with representatives from two specific augmentative communication device companies on six occasions.

South Mississippi Regional Center: South Mississippi Regional Center FY 2003 - 2007 strategic and FY2003 tactical plans identified assistive and technological development as one of four major objectives. Plan objectives and key performance indicators were tracked and reported each quarter. Objectives included: refining and enhancing citizens' access and agency management via technology-based systems, assistive technologies and related information management venues; positioning SMRC to access emerging technological applications for fiscal, operational and programmatic management, interagency applications and network growth; expanding statewide technology-based training and education for allied professional groups and non-state community service providers; providing accessible training using video conference streaming technology to all staff throughout the six-county service area; and, strengthening overall service delivery supervision and connection among workforce deployed to remote sites. Major activities to achieve these objectives included: linking SMRC's website to 10 search engines and 27 meta-search engines; maintaining a local area network for connectivity among 28 program sites in six counties; maintaining connectivity with MITS, DOFA, SPAHRS, SAAS, MMRS and MS-DMH; continued conversion of manual interdisciplinary system to automated Personal Planning System (PPS) for subsequent statewide implementation among DMH facilities and programs; provision of ongoing 24/7 staff training via video streaming system to designated program locations; provision of specialized training via video teleconferencing and streaming in Department of Justice topics, body mechanics, defensive driving, domestic violence, coaching and counseling; provision of guest speaker presentations in curriculum assessment, autism spectrum disorders, special education law and defensive driving; provision of direct client services via video teleconferences between staff and clients and between individual consumers living in different locations; provision of teleconferenced managerial support to off-site directors during monthly meetings; preliminary interviewing with job candidates for various position vacancies; and posting of employment vacancies on the agency Intranet and other linked websites

Through a partnership with the Training Resources Department, the Education/Communication Department provides direct training and support for individuals in the area of assistive technology for those residing on campus program, in community living and citizens not directly affiliated with SMRC services. Speech pathologists and the media specialist from the Training Resources Department serve as trainers in the use of a variety of multi-media equipment. The Media Resource Center serves as a learning laboratory for direct care staff. These staff learn how to use assistive technology and computer-based programs and how to apply effective support strategies. Students, infants, toddlers and adults use computer technology and devices to access other multi-media and communication devices. Project PRINTS, local schools and community groups utilize the Media Resource Center on a regular basis. Local school district personnel visit the Media Center throughout the year to see practical application of many assistive technology

devices. Personnel and family members gain first-hand experience with devices and techniques used by SMRC staff. School personnel, families and college-level students observe use of materials and best practices in educational areas.

Recreation Inclusion

The Bureau of Mental Retardation and the MS Council on Developmental Disabilities, along with the MS Protection and Advocacy System, Inc. and other organizations co-sponsored the *Annual Mississippi Conference on Recreation Inclusion* in June, 2003. The conference made available four professional tracks, with five sessions each in the major areas of: education and children's services, community recreation programming, adult services and administration/policy making. The conference targeted therapeutic and community recreation professionals, special and regular education teachers, education administrators, direct service providers, policy makers, parents and individuals with disabilities. The conference was designed to coordinate the theories, practices and outcomes related to efforts to include people with disabilities in recreation programs across the state.

Community Services Array

The Bureau of Mental Retardation provided information to all Diagnostic and Evaluation departments and other appropriate regional center staff on the community services array in the state, making the *State Plan* containing these services descriptions available on the Department of Mental Health website.

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 13 certification visits, 12 follow-up visits and three review visits to 14 community subcontractors of community living arrangement services.
- Reports are on file documenting 19 certification visits, 15 follow-up visits, and two review visits to 20 subcontractors of work activity/prevocational services.
- Reports are on file documenting eight certification visits and nine follow-up visits to nine subcontractors of employment services.
- Reports are on file documenting 15 certification visits, 12 follow-up visits and three review visits to 16 subcontractors of case management services.
- Reports are on file documenting 25 certification visits and 24 follow-up visits to eight subcontractors of early intervention services.
- Reports are on file documenting 16 certification visits, seven site visits and 23 follow-up visits to 23 Home and Community-Based MR/DD Waiver service providers.

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.

Direct Care Upgrade Training

The following efforts were made to provide Direct Care Upgrade Training by the comprehensive regional centers in FY 2003:

Boswell Regional Center Boswell Regional Center provided Direct Care upgrade training for 48 eligible staff in 2003. Forty-four staff successfully completed the training to be eligible to become Direct Care Workers. Direct Care Advanced training was also provided for 28 eligible staff; all 28 staff successfully completed the training. Training was also offered to six staff for Active Treatment Technician; all successfully completed the training module.

Ellisville State School: Twenty three Direct Care Worker (DCW) classes were offered in FY 2003, with 241 eligible staff participating; 103 staff successfully completed the course.

Hudspeth Regional Center: During FY 2003, 136 of 138 Direct Care Trainees eligible for DCW upgrade successfully completed the coursework. Of approximately 330 Direct Care Workers, 16 of 40

staff eligible for Direct Care Worker Advanced upgrade successfully completed requirements for the upgrade.

North Mississippi Regional Center All 109 staff eligible to participate in the Direct Care Upgrade program during FY 2003 successfully completed the program. The Direct Care Upgrade Training Program is offered monthly on the main campus and on an "as needed" basis at the satellite locations. Additionally, 28 Direct Care Workers eligible for the Direct Care Worker-Advanced Training Program successfully completed the training program, which is offered a minimum of six times each year.

South Mississippi Regional Center: During FY 2003, 130 of 188 Direct Care Trainees eligible for the Direct Care Upgrade training program successfully completed the program. The remaining 58 staff left the employ of SMRC before completing this training.

Direct Care Supervisor Training

The comprehensive regional centers provided the following Direct Care Supervisor training during FY 2003:

Boswell Regional Center: Twenty-two eligible staff completed course requirements for Direct Care Supervisory I. Twenty-one staff successfully completed Direct Care Supervisory II training.

Ellisville State School: Two Direct Care Advanced Supervisory/Direct Care Supervisory classes were offered in FY 2003, with 18 staff participating and successfully completing the course out of 510 eligible employees.

Hudspeth Regional Center: Eighteen Direct Care Workers were eligible for Direct Care Advance Supervisory or Direct Care Supervisory training and advancement. Thirteen (13) direct care staff participated in this training. Fourteen (14) Direct Care Supervisors also completed the State Personnel Board Basic Supervisory Training Course.

North Mississippi Regional Center: All 22 eligible community home staff at NMRC successfully completed the program, which is offered by the Staff Development Department twice each year. Based on supervisor recommendations, attendance, performance and skills displayed in the residential living unit, residential living staff who apply are considered for Supervisor Training. The actual needs of the facility are evaluated to ascertain what shifts should be represented during the training. During fiscal year 2003, there were six sessions offered with a total of 37 participants, all of whom passed the five-day training.

South Mississippi Regional Center: During FY 2003, all 24 eligible individuals participated in and completed the Direct Care Supervisor training program.

Other Ongoing Training Activities

Other ongoing staff development activities to ensure provision of quality services were conducted by the regional centers and the Juvenile Rehabilitation Facility in FY 2003 as follows:

Boswell Regional Center: The Boswell Early Intervention Program (EIP) provided training to families and service providers on the following topics: behavior management, stress and anger management for parents, Medicaid programs, helping children learn through play, and special services. Boswell's EIP

also distributed information to parents informing them of Autism Awareness Month and Education Advocacy Training Conferences. Boswell Regional Center provided additional training sessions for staff, including the following: Advanced Writing, Helen Keller Blind/Deaf Training, Basic Telephone Etiquette, Myers-Briggs, Ethical Dilemmas in the Application of Behavior Modification, and Basic Supervisor Course. Training was also provided on all mandatory topics, such as: Abuse, Neglect and Exploitation/Incident Reports Disciplinary Process; Fire, Weather, and Disaster; Behavior Management Action Plan; Dining, Nutrition and Oral Hygiene; Infection Control/Workplace Harassment; First Aid/Heat Emergencies; Client Rights and Confidentiality; Communication/Public Relations; Accident Prevention/Lifting and Transfer; Diversity/Sensitivity Training; and Psychotropic Medication. BRC provided multiple opportunities for TMAB (Techniques for the Management of Aggressive Behavior) and CPR (Cardio-Pulmonary Resuscitation) training throughout the year. Lifeguard/First Aid Training was also provided.

Ellisville State School: A total of 6,522 individual training sessions were offered to the employees of Ellisville State School in FY 2003. Included were such topics as: safety; behavior management; infection control; client rights; abuse and neglect; communication with families; Americans with Disabilities Act; communicating with clients and Person Centered Planning. Course work on integrated settings was offered in the form of assessment and treatment (in Direct Care Worker-Advanced class), quarterly inservices on community integration, active treatment, person-centered planning, and introduction to mental retardation.

Hudspeth Regional Center: Quality services and activities are continually ensured through New Employee Orientation, monthly behavior management classes, monthly annual regulatory training and monthly inservices with Community Service staff where topics regarding transitioning, natural supports and community integration are discussed. Home and Community Based Waiver Services (HCBS) hosted a retreat/training to providers and staff on the Waiver program and services. Also, staff provide information and training to schools, the Epilepsy Foundation day care centers, families, and other interested organizations on Home and Community-Based Waiver services, as well as workshops in which community participation and integration are addressed.

North Mississippi Regional Center: To enhance the provisions of quality services, the North Mississippi Regional Center staff received a total of 57,893 hours of training during FY 2003. This training included the following: Direct Care Worker Upgrade, Direct Care Supervisory Training, Judevine Training, General Orientation, professional development workshops on campus and other locations, Certified Public Management and Supervisory Management training, John C. Stennis Institute of Government, Mental Retardation Core Training Program Module I-Pilot and Module III programs regarding specialized equipment operations and monthly inservice training. Additional topics covered were functional assessment, bus driver/van training, mealtime procedures, Americans with Disabilities Act, survey review, proper paperwork policy, parenting, leisure management, CPR/First Aid/TMAB Recertification, writing a personal plan system, wheelchair safety, accountability sheets, Vulnerable Adults Act, effective communication, nursing ethics, sign language, behavioral programming, active treatment, 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, Qualified Mental Retardation Professional training, principles of every day behavior analysis, transitioning to the community setting, water safety, record keeping and safe food handling.

All contractual employees who are selected/hired to work in Home and Community Based Waiver Services must successfully complete training in 16 mandated topic areas prior to provision of services to the client and annually thereafter.

South Mississippi Regional Center: In FY 2003, South Mississippi Regional Center provided comprehensive training to staff through pre-service and ongoing education to enhance skills and knowledge. Ongoing programs were updated to meet changing staff and consumer needs and identified risk management issues. Additional topics met requirements of the Department of Mental Health/Bureau of Mental Retardation Minimum Standards and Health Information Portability and Accountability Act (HIPAA). SMRC also sponsored several excellent training opportunities available to staff of other facilities, families and service providers from Mississippi and other states. Training Resources provided core training programs to enhance employee skills and provide opportunities for career path development on a regular basis. These programs were monthly Direct Care Worker Upgrade Training and Direct Care Worker Alternate Supervisor and Supervisor Training and quarterly Direct Care Worker-Advanced Training and MH-Active Treatment Technician classes. Training Resources provides "Effective Technical Writing Skills," in collaboration with Mississippi Gulf Coast Community College's WorkForce Program as an addition to Direct Care Worker Supervisory Training. In FY 2003, SMRC partnered with the University of Southern Mississippi's Institute on Disability Studies to bring the Helen Keller National Institute Deaf/Blind Training to South Mississippi. This outstanding training is a series of five workshops that address etiological factors, assessment and intervention strategies to enhance the development of and communication with people who are deaf and blind. Three workshops were offered in 2003; the remaining two sessions will be offered in FY 2004. All workshops are held at the USM-Gulf Coast campus. Staff from all DMH mental retardation facilities, private service providers and consumer parents participated in this event. As an introduction to the Helen Keller Deaf/Blind Training, staff from the Mississippi Deaf/Blind Project presented a series of six 2-hour programs on workshop contents, skills training and applications that could be made beyond use with consumers. These sessions were made available to all SMRC programming department managers and supervisors. Six SMRC staff participated in the initial Helen Keller Training held in Jackson and Tupelo during 2001 and 2002. Because of their enrollment, a Mississippi Deaf/Blind Project consultant repeated on-site consultations on interventions for seven consumers during FY 2003.

In April 2003, SMRC hosted a three-day Hanen Centre workshop, "It Takes Two to Talk," attended by SMRC speech pathologists and speech pathologists from Mississippi, Louisiana, Florida and Arkansas. This internationally-known charitable organization, headquartered in Toronto, Canada, is dedicated to developing and teaching cutting-edge communication strategies for use with toddlers with communication delays. Extensive and varied behavior management training was also offered throughout the year. The facility's Judevine System trainer provides on-site consultation to teams at Long Beach and at all remote sites, as needed. She also provides instruction in New Employee Orientation and in Upgrade on applying the Judevine communication principles for interaction with consumers. This senior clinician also teaches the three-day Behavior Management section of Direct Care Worker-Advanced Training and is the lead instructor for teaching the new TMAB Preventive Curriculum.

The Department of Justice Behavior Management Specialist developed a sequential curriculum of topics which included six different classes in each of the following areas: behavior analysis, advanced behavior analysis, adult psychopathology, childhood psychopathology, development and aging, mental retardation, and psychotropic medication. Other training opportunities for SMRC staff and community service providers were made available to a large number of staff, community service providers and families using the facility's MS-Interactive Video Network connectivity and streaming media technology.

In FY 2003, SMRC was in the final year of a highly successful grant-funded training project with statewide implications. This project was a joint Early Intervention/Training Resources collaboration, funded by the MS Council on Developmental Disabilities. Dr. Louis Rosetti, Professor of Communicative Disorders at the University of Wisconsin-Oshkosh, presented Intervention Strategies for Infants and Toddlers with Disabilities to a large audience of service providers and a second time by Interactive Video Network (the Community College Network) to a statewide audience from six community college sites.

SMRC also implemented extensive HIPAA training for staff at all levels during this past year. Training activities provided in collaboration with other agencies include a "MS Early Intervention Service Provider Orientation Workshop: Recipes for Successful Services" hosted by SMRC and sponsored by the MS Health Department First Steps Program and USM Institute for Disability Studies. "No Child Left Behind," presented by the National Association of State Directors of Special Education through the MS Department of Education, was accessed via MS-Interactive Video Network

Juvenile Rehabilitation Facility: Juvenile Rehabilitation Facility provided on-going inservice training each month to ensure the provision of active treatment and quality service as required by regulations. In addition, JRF staff participated in the Autism Conference, the Joint Conference of the MS Chapter of the American Association on Mental Retardation and the Mental Health/Mental Retardation Council, the Certified Public Managers Conference and the Stennis Institute of Government.

Other Quality Assurance Activities

Examples of other efforts by the regional centers to ensure that programming and care adheres to regulations set forth by the Mississippi Department of Health's Division of Health Facilities, Licensure and Certification, the Division of Medicaid, the Mississippi Department of Education's Office of Special Education and the Southern Association of Colleges and Schools during FY 2003 included:

Boswell Regional Center (BRC): The regulations of central importance to Interdisciplinary Programs are the ones that relate to the provision of active treatment and programming. BRC works to ensure that it adheres to regulations through a number of means: (1) Orientation: Active Treatment is a component that is presented to new employees during orientation. (2) Training: Comprehensive and advanced training curricula that include detailed explanations of each stage of program writing and specific instructions on how active treatment is to be provided in each of the training areas have recently been revised, and facility-wide training has been provided on a regular basis throughout the year. As follow up to facility wide training, more advanced and specialized individual and team training has continued, and new staff are introduced to the Personal Planning System and Person Centered Planning. Aspects of the curricula have continued to be presented to various staff members on an individual, team and departmental basis. Curricula were developed using the Personal Planning System, Person-Centered Planning and ICF/MR Regulations as points of reference. (3) Team Process: Progress on all training objectives is reviewed for each person on a monthly basis by the Interdisciplinary Team, which is summarized by the QMRP based on information provided by each team member and according to data collected during the previous month. Based on assessment of progress and related issues, programs are revised as needed. (4) Quality Assurance: Results of quality assurance reviews are presented to department heads and areas in need of improvement are addressed by the department heads to ensure that provision of programming adheres to regulations.

Ellisville State School (ESS): The ESS Team Coordinator plans, directs and monitors all programmatic activities to ensure compliance with licensure and certification guidelines as set forth by the MS State

Department of Health. All unit/departmental Program Coordinators and the School Principal meet with the Team Coordinator each week to ensure consistency and quality of service in all areas of active treatment programming, which include the provision of Special Education Services in accordance with MS State Department of Education and Southern Association of Colleges and Schools guidelines. The Team Coordinator reviews training attendance and provides an annual inservice on compliance with state and federal licensure and certification guidelines. The Quality Assurance Department is another system charged with overseeing compliance with standards of residential care. The Internal Auditor oversees regulations set forth by the Division of Medicaid. The Education Department of Ellisville State School complies with all standards of the Office of Special Education for Nonpublic Schools and all standards of the Southern Association of Colleges and Schools; ESS met or exceeded all competencies based on reviews of compliance with these standards.

Hudspeth Regional Center: Hudspeth Center implements several internal systems to monitor the provision of programming and care to assure compliance with all relevant regulations. Weekly, Qualified Mental Retardation Professionals monitor all programming areas under their supervision and provide feedback to their Interdisciplinary Teams regarding their findings. Monthly, administrative staff visit all programming areas on all shifts and report findings to the Assistant Director. The Community Services Quality Services Personnel monitor all Community Group Homes monthly, and provide reports to the Director of Community Services Group Homes and periodically to the Director of Interdisciplinary Programs. At least annually, and as needed, the Quality Services Management staff conduct a comprehensive internal survey of records and programming activities as well as of the living environments, with a follow-up survey within four to six weeks. All evaluations and Individual Support Plans are reviewed by Quality Services Management staff monthly to assure compliance with all relevant regulations and DMH policy.

Supervisory staff provide weekly and monthly rounds on cottages and in all programming areas and provide feedback. All staff attend inservices and workshops on and off campus to keep abreast of current trends and ideas related to programming. Annual internal reviews are conducted to assess compliance with Mississippi Department of Health, MDE, and SACS compliance.

North Mississippi Regional Center: The Education Department, Stovall Special Education Complex maintained its accreditation as a nonpublic school with the Mississippi Department of Education. In February of 2003, the Stovall Special Education Complex received an accreditation site visit from the MS Department of Education. Stovall Special Education Complex received no cites or recommendations as a result of the accreditation visit. In addition, it has an accredited rating from the Southern Association of Colleges and Schools. All youth served under 21 years of age are provided with a full array of educational and communication services. These services include transition planning beginning at age 14. The emphasis in educational methods in FY 2003 has been to continue to increase usage of computer activities and adaptations for students with disabilities. In FY 2003, Stovall Special Education Complex was successful with coming online with Mississippi Department of Education Mississippi Student Information System. emphasis has been on increasing literacy skills of students.

The Interdisciplinary Programs Department of the NMRC assures that all individuals are served in their most integrated setting and that they each receive continuous Active Treatment. In doing so, each individual receives a CFA or Comprehensive Functional Assessment and has an Individualized Program Plan (IPP)/Individualized Support Plan (ISP) and a Written Training Program (WTP). The Interdisciplinary Programs Department places emphasis on outcomes related to choice control, relationships, community inclusion, and satisfaction with life, as well as satisfaction with services and supports. The Interdisciplinary Programs Department also includes self-assessment and continuous improvement. The Interdisciplinary Programs Department ensures that any discrepancies or conflicts

between programmatic, medical, dietary, and vocational aspects of the individual's assessment and program are resolved. The Interdisciplinary Programs Department also ensures a follow-up recommendation for services, equipment or programs and ensures that adequate environmental supports and devices are present to promote independence. We ensure that each individual receives the services and interventions necessary by competent persons capable of delivering them.

The Community Support Systems Department's Home and Community-Based Services Program operates under the *Mississippi Department of Mental Health Minimum Standards For Community Mental Health/Mental Retardation Services*. Through Bureau of Mental Retardation surveys providing certification of all approved services and Department of Medicaid surveys, the program has maintained its operations compliance throughout the year. Each individual referred to Home and Community-Based Services receives a full evaluation by the Diagnostic Services Department to determine if the level of care required for program eligibility has been met. Upon approval from The Bureau of Mental Retardation and Mississippi Department of Medicaid, the individual is enrolled. The program's services allow individuals to remain in their home or community as desired by the family and/or individual. Services are individualized on a Plan of Care and are formally reviewed each quarter to ensure that the plan remains current and continues to meet all identified needs. Support Coordinators within the Home and Community-Based Services Program assist in locating and gaining access to providers as well as facilitating communication as needed among all service entities. Support Coordinators review provider documentation to assure that all state guidelines are met. Internal audits and peer reviews serve as other forms of quality control. Satisfaction surveys are conducted annually to receive input and suggestions from service recipients and their family members. Any issue of concern is addressed and remedied immediately.

South Mississippi Regional Center: South Mississippi Regional Center FY 2003 - 2007 strategic and FY 2003 tactical plans identified service provision and resource management as two of four major objectives. Plan objectives and key performance indicators were tracked and reported each quarter. Objectives included: providing individuals with services that meet or exceed federal and state regulations for licensed and certified services, supporting citizens' changing needs through direct use of appropriated fiscal, human and material resources; preventing institutionalization of individuals now residing at home or in other, less restrictive living, working and learning environments; providing individualized services for all persons in a timely manner, maximizing all service options; maximizing all available revenue sources for optimum fiscal, human and material management; providing physical environments designed to maximize each individual's independence and quality of life in living, learning and working

Examples of major activities accomplished in addressing these objectives included: receiving DMH and Medicaid

HCBS certification of designated community programs; certification of EPSDT services through the early intervention program; maintenance of ICF/MR certification and licensure through the MS Department of Health; maintenance of non-public accredited status through the MS Department of Education; provision of home and community-based services to 218 persons; coordination of over 93,000 HCBS support hours; provision of 373 hours of mobile support services; and maintenance of fixed property assets, land, buildings and inventory per the State Auditor's Office and corresponding policy requirements of the MS Department of Mental Health

The MS Department of Education performed the five-year accreditation site visit during the past year.

Concerns noted were addressed through a plan of correction. The site visit team commended SMRC's extraordinary

educational program and beautiful campus. According to requirements from the MS Department of Education, the Education Department completed the Staff Development Plan and Report in October 2003, for distribution to the Strategic Planning Committee Members in November 2003. The Plan and Report were approved by the MS Department of Education in November 2003.

According to federal and state regulations for active treatment, SMRC is required to provide training to ensure competent interaction of staff with all clients' identified support needs. As in the previous year, SMRC sponsored a bi-monthly program in deaf/blind intervention techniques from the Helen Keller Institute in keeping with these regulations.

Community Services/Support for Individuals Initially Requesting Institutional Services

The Bureau of Mental Retardation (BMR) continues to track the provision of case management services provided by community mental health centers and the regional centers, as noted previously. In FY 2003, the BMR developed a survey for service providers to document activities and the reporting of information concerning how individuals with mental retardation/developmental disabilities are involved in their communities throughout the state. The survey was distributed in March, 2003, and responses from 24 of 27 service providers were received in April 2003. A report analyzing data from the survey was being finalized at the end of FY 2003 to be completed in FY 2004.

Referrals made by the comprehensive regional centers to community services and supports for individuals initially requesting institutional placement in FY 2003 included:

Boswell Regional Center: Boswell's Early Intervention Program (EIP) joined Frazier Primary School and supported all activities sponsored through partnership efforts. The EIP also, joined in partnership with the Early Head Start Program through Special Quest. Fifteen evaluations were completed for HCBS MR/DD Waiver Services, and pre-vocational services were provided to an individual who was seeking institutional placement.

Ellisville State School: During FY 2003, 60 individuals were referred for institutional services. Twenty-one received case management services; 23 received Home and Community based Services; 60 received diagnostic services; 35 received mental health services; nine received vocational services; 16 received educational services; three received nursing home services; and three received respite services. During FY 2003, 396 individuals received Support Coordination through the Home and Community Based Waiver Program.

Hudspeth Regional Center: The Diagnostic Services Department conducted 507 evaluations in FY 2003; of these, 439 were for ICF/MR services (some of which could include community-based ICF/MR group homes) and 68 were for community services. In Community Services, one individual who was in a pre-vocational program transferred to the Louisville Group Home during the year. He was receiving these Community Services prior to admission: Pre-Vocational Services, Attendant Care Services, Support Coordinator, T.K. Martin for assistance with E-Talk device, Vocational Rehabilitation Services and Vocational Programming. One individual's family requested institutional services during FY 2003. That person while a part of the work activity program at MIDD, participated in Special Olympics, community outings, ordered lunches daily from a lunch menus and was counseled and trained for employment in the community. Behavior Support Services were provided through the HCBS MR/DD Waiver program.

Twenty-six individuals received services through Behavior Support. Only one was placed in an institutional setting. Of the other 25, only five desired placement.

North Mississippi Regional Center: Home and Community-Based Services Support Coordinators provided assistance in application processes and/or referral to regional Medicaid offices for eight families. They also made referrals for Waiver services for 365 individuals. Community services received by individuals with mental retardation/developmental disabilities included supported employment for 13 individuals. Community Support Services received by individuals with MR/DD and their families who initially requested institutional services in FY 2003 included: two referrals to Vocational Rehabilitation, counseling services for individuals through regional community mental health centers, supported employment services for 71 individuals, work activity services for 393 individuals, and pre-vocational services for 176 individuals.

The Diagnostic Services Department provided multidisciplinary assessments for 499 clients last year to facilitate entry into or continued enrollment in a wide array of services, including but not limited to case management, Home and Community-Based Waiver, alternative living arrangements, supported employment, sheltered workshops, public school, Head Start, First Steps Early Intervention, Project RUN, and Allied Enterprises. Many clients participated in more than one of these programs. Of the total number of clients, 310 were new applicants for NMRC services. The remaining 189 clients had been seen by Diagnostic Services in years past but were making new requests for services or needed new evaluations to retain eligibility certification for the community programs in which they were already enrolled. Of those clients evaluated by Diagnostic services, 315 were referred for Home and Community-Based Services, 162 for vocational services, 263 for regional case management, and 25 for alternative living arrangements. Additionally, 52 infants and toddlers were seen for early intervention programs and 80 clients received either follow-up hearing evaluations or special audiologic services at the referral of outside agencies or physicians. Diagnostic Services made 2740 personal contacts on behalf of these clients.

South Mississippi Regional Center: During FY 2003, SMRC provided 704 individuals with comprehensive evaluations. Through this evaluation process, Diagnostic Services offered DD Case Management services to all individuals requesting residential placement. During FY 2003, SMRC provided 85 clients with requested case management. Case Management provides support to individuals in the community setting to access opportunities that enhance their social activities, educational aspects, recreational needs, employment, assistive technology, vocational training and special programs such as the HCBS MR/DD Waiver. Through enrollment in case management, individuals have the necessary supports to enable them to remain at home or in a community setting, providing an alternative to out-of-home placement.

The SMRC HCBS MR/DD Waiver program provided services and supports to 283 individuals who were eligible for ICF/MR care. Two individuals were readmitted into the HCBS MR/DD Waiver after short-term ICF/MR stays. One individual was admitted to the HCBS MR/DD Waiver program through discharge from an ICF/MR facility. When interviewed by phone, in person or in writing, 100% of all families reported the Support Coordination program is beneficial, that services have been instrumental in deferring institutional placement and maintaining their family member at home through community service access and provision.

CAPITAL IMPROVEMENTS

Capital improvements and progress on new projects continued at the five regional facilities and the Juvenile Rehabilitation Facility, summarized as follows:

Boswell Regional Center

Renovation of the lake at Boswell Regional Center located in Magee, MS, was completed in November, 2002.

Repair of streets, sidewalks, and parking areas at Boswell Regional Center located in Magee, MS, was completed in June, 2003.

Renovation of the plumbing in Jaquith Building at Boswell Regional Center located in Magee, MS, was in the design/development phase as of June, 2003.

Renovation of the fire alarm system in Jaquith Building at Boswell Regional Center located in Magee, MS, was in the design/development phase as of June, 2003.

Renovation of elevator #1 in Jaquith Building at Boswell Regional Center located in Magee, MS, began in June, 2003.

Renovation of Work Activity Center #67 at Boswell Regional Center located in Magee, MS, began in February, 2000, and was in progress at the end of the fiscal year.

New Construction Projects:

Construction of a new Client Apartment Complex located in Simpson County Mississippi began June, 2003.

Construction of a new HCBW office building at Boswell Regional Center located in Magee, MS, began in May 2003, was in progress at the end of the fiscal year.

Ellisville State School:

Construction of one ICF/MR group home in Columbus, MS was completed, and the warranty period started as of November 20, 2002.

Construction of two ICF/MR group homes in Bay Springs, MS was 75% complete as of June 30, 2003

Restroom renovations at Meadow Manor ICF/MR on the Ellisville State School campus was 95% complete as of June 30, 2003.

The 2002 ADA Program on the Ellisville State School campus was in the planning phase; construction documents had yet to be approved by the Bureau of Buildings as of June 30, 2003

The 2002 Vehicle Shelter (Van shelters and covered walkways) for ICF/MR group homes in Waynesboro, MS and Ellisville, MS - Bid was received on January 22, 2003, and construction was 95% complete by June 30, 2003; approval of change order for additional concrete work was pending.

The 2003 Waterproofing Program for Building #39 on Ellisville State School campus was in progress and nearly 60% complete as of June 30, 2003.

Contract documents were in the approval process as of June 30, 2003 for the 2003 Demolition Program for Building #12 on Ellisville State School campus.

The Fire Alarm Upgrade Phase III project on the Ellisville State School campus was completed on December 15, 2002.

The Emergency Boiler replacement for Building #13 on Ellisville State School campus was completed by June 2003.

The Structural Evaluation of Buildings #4, #13, #39 on Ellisville State School campus was completed by June 2003.

Hudspeth Regional Center:

Capital Improvement Project # 423-081- Kilmichael Community Group Home Project- The Kilmichael ten-bed group homes were completed in May of 2003.

2001 Renovation Program - Project # 423-083. The Hudspeth Regional Center has a roofing project as part of the 2001 Renovation Program. This project involves the re-roofing of the Beechwood Cottage (55 bed facility) and the Chastain Building (multi-purpose building). This project is projected for completion in FY 2004.

North Mississippi Regional Center:

The following is the status of new construction projects at NMRC during FY 2003:

Construction was completed of two 10 bed group homes in Senatobia as of June 30, 2003 (GS# 424-068).

Project GS #424-073 to construct two 10 bed group homes in Booneville was underway as of June 30, 2003 and approximately 75% complete.

A property transfer for construction of an ICF/MR apartment complex to be located in Water Valley (GS #424-024) was completed as of June 30, 2003, with further action awaiting funding.

The following is the status of repair and renovation projects at NMRC during FY 2003:

Project GS # 424-070 to replace the built up roof of Woodlea cottage was completed as of June 30, 2003.

Project GS #424-071 to upgrade fire alarm systems on campus was awaiting award of the contract as of June 30, 2003.

Project GS #424-072 to renovate four cottages on the main campus was complete in April, 2003.

South Mississippi Regional Center:

Construction on the Harrison County Work Activity Center (GS#425,046), in Biloxi, was initiated on May 6, 2002. Construction of the 8,250 square foot building was completed March 25, 2003.

The Cottage Renovation and Repair Project (GS#425-049) was initiated August 20, 2002 and was scheduled for completion on December 1, 2003. Change orders to accommodate necessary modifications will extend completion through March 2004. This project includes the renovation of all bathrooms and kitchens in the four 24-bed cottages, enclosure of one patio and covering one patio in each cottage.

Replacement of vinyl flooring in the Wiggins ICF/MR Community Homes was initiated February 2, 2003, and was completed on July 12, 2003.

Complete retrofitting of the Long Beach campus sewer lift station was initiated on April 4, 2003 and was completed on July 23, 2003.

Renovation of two offices and installation of a roof-top air conditioner was initiated on June 4, 2003, in the Diagnostic Services Building. This project was completed on August 28, 2003.

LICENSURE AND ACCREDITATION

During FY 2003, 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. Table 33 and Table 34 provide data related to licensed/certified beds at the 5 regional centers.

**Table 33
BUREAU OF MENTAL RETARDATION LICENSED
ICF/MR SERVICES, FY 2003**

Center	Active Beds Institutional	Total Served Institutional	Active Beds Community	Total Served Community
Boswell Regional Center	140	145	58	61
Ellisville State School	530	558	145	144
Hudspeth Regional Center	295	310	120	125
North MS Regional Center	280	340	170	201
South MS Regional Center	160	160	98	98
Total	1405	1513	591	629

Definitions

Active Beds: The number of beds set up and staffed 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, 2002) through the last day of the fiscal period (June 30, 2003).

Table 34

**BUREAU OF MENTAL RETARDATION - CERTIFIED BEDS ON-CAMPUS
(OTHER THAN ICF/MR BEDS)**

Center	MR Certified Capacity	Active Beds - On-Campus	Total Served -On-Campus
Boswell Regional Center	26	21	15

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 2003) to provide ICF/MR or BMR-certified services to each resident.