

Chapter 09 Mental Health

This chapter addresses mental illness, alcoholism, drug abuse, and developmental disabilities. These conditions result in social problems of such magnitude that mental health ranks as one of the state's priority health issues. The Mississippi Department of Mental Health, regional community Mental Health-Mental Retardation Centers, and licensed private sector facilities provide most of the state's mental health services. Unless otherwise specified, information in this chapter is limited to the programs and services of these entities.

Some providers in the private sector are not licensed under state authority. These entities are not required nor do they voluntarily submit information to any state agency regarding the amount and type of services they render. The lack of data from these facilities makes it difficult to determine the overall impact that the private sector has in delivering mental health services.

100 Mississippi Department of Mental Health

State law designates the Mississippi Department of Mental Health (MDMH) as the agency to coordinate and administer the delivery of public mental health services, alcohol/drug abuse services, and mental retardation services throughout the state, as well as community-based day programs for individuals with Alzheimer's disease and other dementia. Responsibilities of MDMH include: (a) state-level planning and expansion of all types of mental health, mental retardation, and substance abuse services, (b) standard-setting and support for community mental health/mental retardation and alcohol/drug abuse programs, (c) state liaison with mental health training and educational institutions, (d) operation of the state's psychiatric facilities, and (e) operation of the state's facilities for individuals with mental retardation. MDMH consists of three bureaus: Administration, Mental Health, and Mental Retardation. Responsibility for the operation and oversight of specific programs falls to the various divisions within each bureau.

Bureau of Administration

The Bureau of Administration consists of the Divisions of Accounting, Auditing, Planning and Public Information, Professional Development, Information Systems, Human Resources, and Professional Licensure and Certification. These divisions work collectively with bureaus that provide direct service.

Bureau of Mental Health

The Bureau of Mental Health provides a variety of services through several divisions:

- a. Responsibility for the development and maintenance of community-based mental health services for adults, addressing a priority population of adults with serious mental illness, belongs to the Division of Community Services. The 15 regional mental health centers and the community service divisions of the state psychiatric hospitals provide an array of treatment and support services. The division focuses its major effort toward providing a network of community-based services offering the support needed by individuals, which may vary across time. Additionally, the Bureau works in conjunction with the Bureau of Mental Retardation to coordinate the emergency/crisis response of the MDMH with the Mississippi Emergency Management Agency (MEMA).

- b. The Division of Alcohol and Drug Abuse Services establishes, maintains, monitors, and evaluates a statewide system of alcohol and drug abuse services, including prevention, treatment, and rehabilitation. The division designed a system of services to reflect its philosophy that alcohol and drug abuse are preventable and treatable illnesses. This system provides a continuum of community-based, accessible services including prevention, outpatient, detoxification, community-based primary and transitional treatment, inpatient, and aftercare services. The division provides technical assistance to state agencies and other interested organizations in implementing Employee Assistance Programs. All services are provided through a grant/contract with state agencies, local public agencies, and nonprofit organizations.
- c. The Division of Children and Youth Services determines the mental health service needs of children and youth in Mississippi and develops programs to meet those needs. Division staff provide technical assistance and leadership in the implementation of MDMH-certified mental health services and programs for children and youth. The division develops and supervises evaluation procedures to ensure the quality of these programs and oversees the enforcement of certain governmental regulations, including MDMH guidelines and standards for services. The 15 regional community mental health centers and a number of other nonprofit agencies and organizations funded and/or certified by MDMH provide community mental health services for children.
- d. The Division of Accreditation and Licensure for Mental Health coordinates and develops certification standards, certification site reviews, and compliance requirements for community mental health and alcohol/drug abuse services operated and/or funded through the MDMH. This division coordinates peer review/quality assurance teams, which may review community programs operated and/or funded by MDMH.
- e. The Division of Alzheimer's Disease and Other Dementia develops and implements state plans to assist in the care and treatment of persons with Alzheimer's disease and other dementia, including education and training of caregivers (family and service providers), and development of community-based day programs.
- f. The Office of Constituency Services documents, investigates, and resolves all complaints/grievances received from consumers, family members, and the general public regarding state and community mental health/mental retardation facilities. The office also operates and maintains a computerized database and a toll-free helpline to provide information regarding services for persons with mental illness, mental retardation, and substance abuse.
- g. The state's two larger psychiatric hospitals - East Mississippi State Hospital (EMSH) at Meridian and Mississippi State Hospital (MSH) at Whitfield - both provide inpatient services, including acute and intermediate psychiatric care, alcohol and drug treatment for adults, acute psychiatric care for adolescents, and skilled nursing care. EMSH provides inpatient acute psychiatric alcohol and drug treatment for adolescent males, and MSH provides acute psychiatric care for children, medical/surgical hospital services, and forensic services. Two 50-bed hospitals, the North Mississippi State Hospital (NMSH) in Tupelo and the South Mississippi State Hospital (SMSH) in Purvis, provide acute psychiatric services for adults for designated service areas. The NMSH serves men and women from 18 counties, and SMSH serves adults from a nine-county area. Both the MSH and EMSH also provide transitional, community-based care for adults with serious mental illness. These services include community-based housing options (such as group homes or supervised apartments), halfway house services, case management, psycho-social rehabilitation services, and specialized services for individuals with mental illness who are homeless. These

services are generally provided in close proximity to the hospitals and/or in areas where a regional mental health/mental retardation center elects not to provide that particular community service.

Mississippi State Hospital, North Mississippi State Hospital, South Mississippi State Hospital, and Central Mississippi Residential Center also operate state crisis intervention centers.

- h. The first phase of renovation of the Central Mississippi Residential Center (CMRC) in Newton (formerly the Clarke College property) is complete, and four 12-bed personal care homes located on the campus were opened in the fall of 2003. The CMRC will provide a specialized residential treatment program for adults with long-term mental illness discharged/transferred from the state hospitals. CMRC continues to operate a day- program for persons with Alzheimer's disease/other dementia and a crisis intervention center.
- i. The Specialized Treatment Facility for Emotionally Disturbed Youth in Gulfport opened in September 2004 and operated at partial capacity in 2005. In 2006, funds were authorized to increase the operational capacity of this center. This 48-bed facility is designed to serve youth who have come before youth court and have also been diagnosed with a mental disorder. Adolescents appropriate for admission are 13 years, but less than 21 years of age, who present an Axis I diagnosis of a severe emotional disturbance and need psychiatric residential care.

Bureau of Mental Retardation

The Bureau of Mental Retardation supervises three divisions and five comprehensive regional facilities for persons with developmental disabilities/mental retardation.

- a. The Division of Community Mental Retardation Services develops community mental retardation programs established with state or federal funds other than Developmental Disability Funds. The division works with the regional community mental health/mental retardation centers, state facilities, and other service providers to develop community programs for persons with mental retardation. The division also develops the *State Plan for Related Services and Support to Individuals With Mental Retardation/Developmental Disabilities*, and supports the Bureau of Mental Retardation State Plan Advisory Council.

The Bureau also provides early intervention services for infants and toddlers with developmental disabilities or potential for developmental delay. The MDMH's Early Intervention Programs and the MDH's First Steps Early Intervention Program cooperate to jointly locate children and families in need of early intervention services and provide linkages to those services. Program sites across the state provide children and families with comprehensive multidisciplinary evaluations, speech/language therapy, occupational therapy, physical therapy, and educational interventions. Each of the five comprehensive regional centers provide community early intervention services.

- b. The Bureau of Mental Retardation serves as the designated state agency for the Mississippi Council on Developmental Disabilities (CDD). The CDD funds are used to improve the lives of people with developmental disabilities and their families throughout the state. Service priorities selected by the Council for FY 2001-2006 include employment, community living, transportation, health, and leisure/recreation. Initiatives (service grants) are awarded to programs through an annual Request for Proposal process.

- e-c. The Division of Home and Community-Based MR/DD Waiver (HCBS Waiver) provides services to persons with mental/retardation/developmental disabilities who would require the

level of care found at an intermediate care facility for the mentally retarded (ICF/MR) if these services were not available. Statewide program capacity has increased over time and will continue to expand pending federal approval and appropriation of the state General Fund match. The HCBS-MR/DD Waiver program is available on a statewide basis to eligible persons of all ages. More information about this program appears in the Mental Retardation/Developmental Disabilities section of this chapter.

- d. The Division of Accreditation, Licensure, and Quality Assurance for Mental Retardation coordinates the development of certification standards, certification site visits, and compliance requirements for community programs. The division also works with the five regional centers for persons with developmental disabilities, the comprehensive community mental health/mental retardation centers, and other providers to ensure quality of care and compliance with accreditation standards.
- e. Mississippi operates five comprehensive regional facilities for individuals with developmental disabilities: Boswell Regional Center, Sanatorium; Hudspeth Regional Center, Whitfield; Ellisville State School, Ellisville; North Mississippi Regional Center, Oxford; and South Mississippi Regional Center, Long Beach. These facilities provide institutional care as licensed intermediate care facilities for the mentally retarded (ICF/MR). Residential services include psychology, social services, medical and nursing services, recreation, special education, speech therapy, occupational therapy, physical therapy, audiology, and vocational or work training. These facilities also provide a primary vehicle for delivering community services throughout Mississippi. In the community setting, the comprehensive regional facilities provide alternative living arrangements, including group homes, supervised apartments, and specialized homes for elderly persons, and shadow-supervised living arrangements. They also provide diagnostic and evaluation services, employment services, early intervention services, case management services, and transitional training services.
- f. The Juvenile Rehabilitation Facility is a 48-bed residential facility in Brookhaven, serving youth with mental retardation whose behavior makes it necessary for their treatment to be provided in a specialized treatment facility. Though most youth served are between 13 and 21 years old, persons under age 13 may be considered for services on an individual basis as space is available.

The various bureaus and divisions of the MDMH maintain close working relationships with the 15 regional community mental health centers, the Mississippi Department of Education, Mississippi Department of Rehabilitation Services, Mississippi Department of Human Services, Mississippi Department of Health, and other public and private organizations.

101 Regional Community Mental Health-Mental Retardation Centers

Regional community mental health-mental retardation centers provide a major component of the state's mental health services. Fifteen centers currently operate in the state's mental health service areas, and most centers have satellite offices in other counties. These centers provide a statewide network of services readily available to all Mississippians. Each center provides a number of services to adults and children. The specific services may vary among centers, but generally include the following:

- Outpatient services
- Psychosocial rehabilitative services
- Consultation and education services

- After-care services
- Pre-evaluation screening (prior to civil commitment examination)
- Case management services
- Inpatient referral
- Emergency services
- Access to family education services
- Access to consumer education services
- Mental health therapeutic residential services
- Alcohol abuse prevention/treatment services
- Drug abuse prevention/treatment services
- Mental retardation/developmental disabilities services
- Specialized children's mental health services — crisis intervention, sexual abuse intervention, intensive psychosocial/day treatment rehabilitation, and outpatient therapy.

The Mississippi Legislature established community mental health centers in 1966 with funding from federal staffing grants. To secure the required matching funds for these grants, the Legislature authorized local governments to appropriate up to two mills in tax revenues to be used as match. As federal staffing grants were phased out, the Mississippi State Legislature began to support the community mental health centers with state appropriations for essential mental health and mental retardation services. Since 1986, a significant increase in state appropriated funds for community mental health center services has occurred; however, the need exists for increased appropriations through the Legislature and local governments for centers to continue providing existing services and to expand services.

The Department of Mental Health is prohibited from funding services at any regional community mental health center that does not receive a specified minimum level of support from each county in the region. That minimum level of support is the greater of (1) the proceeds of a $\frac{3}{4}$ mill tax in 1982, or (2) the actual contribution made in 1984. All counties were in compliance with this provision for 2005; however, the total received from all counties is approximately six percent of total community mental health center receipts.

Each regional community mental health center is a separate legal entity that conforms to federal and state program standards relating to administration, services provided, and staffing. The 1997 Legislature clarified the MDMH's authority to set and enforce minimum standards for community mental health center services and to increase uniformity in the availability and quality of services across mental health center regions. The regional community mental health-mental retardation centers form the core of an integrated system which, if properly funded and utilized, would be capable of delivering needed mental health services to all citizens of Mississippi.

102 Social Services Block Grant

The Department of Human Services administers the Social Services Block Grant (SSBG) monies which come into the state. For the past several years, a portion of the SSBG has been directly allocated to and administered by the MDMH. The MDMH uses these funds for such programs as alcohol/drug residential treatment programs, mental health halfway house programs, residential treatment for chemically dependent adolescents, therapeutic foster care for children with emotional or mental disorders, work activity, child care for children with mental retardation/developmental disabilities, and case management. The MDMH contracts with regional community mental health centers and other public and private nonprofit providers for these programs.

103 Mental Health Problems in Mississippi

Mental Illness

The complexity of mental illness hinders professionals from determining an accurate diagnosis and classification of mental and emotional disorders. This complexity also causes problems in ascertaining the actual number of people who suffer from mental illness and associated problems. In addition, no reliable comprehensive database exists to document the prevalence of mental health problems across age groups.

The National Co-morbidity Survey estimates that 52 million people aged 15 to 54 had some type of alcohol, drug abuse, or mental health disorder within the past year. Of these, an estimated 40 million had some type of mental disorder. According to the United States Substance Abuse and Mental Health Services Administration (SAMHSA), an estimated eight million people, or 4.5 percent, had both a mental disorder and substance abuse/dependence with the past year. (SAMHSA, U.S. Department of Health and Human Services, 1995).

The prevalence of mental illness – although difficult to assess– serves as a good indicator of the volume of need for mental health services in a given population. The negative social stigma associated with the term "mental illness" also obstructs efforts to measure the true incidence/prevalence of most types of mental illness and behavior disorders and the need for mental health services.

Using the methodology updated by the federal Center for Mental Health Services (CMHS) for estimated prevalence of serious mental illness among adults (*Federal Register*, June 24, 1999) and U.S. Bureau of the Census 2004 population estimates, the MDMH estimates the prevalence of serious mental illness among adults in Mississippi as 5.4 percent or 115,390 individuals. The same methodology estimates the national prevalence for the same age group also as 5.4 percent.

In Fiscal Year 2005, a total of 64,074 adults received services through the public community mental health system, including the regional community mental health centers, and the community service divisions of the state psychiatric hospitals. A total of 53,574 of these adults had a mental illness; of which 47,905 had a serious mental illness (includes adults with a dual diagnosis of mental illness and substance abuse).

Mental Health Needs of Children/Adolescents

Precise data concerning the size of the country's population of children and adolescents with emotional or mental disorders remain difficult to obtain. The methodology issued by the national Center of Mental Health Services (*Federal Register*, July 17, 1998) estimates the prevalence of serious emotional disturbance nationally among children and adolescents (9-17 years of age) to be between 9-13 percent. The methodology adjusts for socio-economic differences across states. Given Mississippi's relatively high poverty rate when compared to other states, the estimated prevalence ranges for the state, updated for 2004, were on the highest end of the range, as follows:

- (1) Mississippi's estimated prevalence of serious emotional disturbance in children and adolescents (ages 9 to 17) is between 11 and 13 percent, or 42,116 - 49,773 children.
- (2) Mississippi's estimated prevalence of the more severely impaired group of children and adolescents (estimated at five to nine percent of the national population), aged 9-17 is between seven and nine percent, or 26,801 - 34,458 Mississippi children.
- (3) The MSDMH estimates that the prevalence of serious emotional disturbance among Mississippi youth in the transition age group of 18 to 21 years of age is 12,250.

Note: As pointed out in the methodology, there are limitations to these estimated prevalence ranges, including the “modest” size of the studies from which these estimates were derived; variation in the population, instruments, methodology, and diagnostic systems across the studies; inadequate data on which to base estimates of prevalence for children under nine; and inadequate data from which to determine potential differences related to race or ethnicity or whether or not the youth lived in urban or rural areas.

In Fiscal Year 2005, the public community mental health system served 28,220 children and adolescents with serious emotional disturbance. Additionally, 434 youth were served by providers certified, but not funded by, the MDMH (for therapeutic foster care, therapeutic group homes, day-treatment, intensive in-home, or adolescent offender programs certified by MDMH).

Alcohol and Drug Abuse

The abuse of alcohol and other drugs has reached pandemic proportions. Alcohol and other drug problems cause pervasive effects: biological, psychological, and social consequences for the abuser; psychological and social effects on family members and others; increased risk of injury and death to self, family members, and others (especially by accidents, fires, or violence); and derivative social and economic consequences for society at large.

SmartTrack®

SmartTrack®, a web-based data collection tool developed by DREAM, Inc., provides need-assessment data related to the Center for Substance Abuse Prevention core measures. It collects data on severity of substance abuse, risk and protective factors, and identification of the most pressing prevention issues.

These data are collected from schools in communities throughout the state to establish baseline data on prevalence and severity of substance abuse, as well as related behaviors and attitudes. A survey of 109,773 sixth through eleventh grade public school students conducted during the 2004-05 school term reveals the following protective factors among Mississippi youth: Approximately 59 percent of students indicated smoking marijuana regularly posed a great risk and 47 percent stated that consuming four to five alcoholic beverages per day was a great risk. Approximately 35 percent of surveyed students strongly felt that they belonged to their school compared to eight percent that strongly disagreed. The survey found that 24 percent of students indicated that they almost always enjoyed being in school as compared to ten percent that stated the opposite. Approximately 46 percent of students stated that they never have major fights or arguments with their parent/guardian(s), while 41 percent indicated that they could ask their parents for help in dealing with a personal problem. Finally, 60 percent of students indicated that their parents enforce rules at home.

National Survey on Drug Use and Health for Mississippi

According to statistics cited in SAMHSA's 2003-04 *National Survey on Drug Use and Health* state estimates, six percent of Mississippians 12 years or older were past-month illicit drug users. By age group, 12-17 year old Mississippians represented nine percent of past-month illicit users; 18-25 year olds represented 13 percent; and persons 26 years or older represented four percent. Past-month marijuana use among Mississippians 12 years and older was four percent. By age group, 12-17 year olds represented six percent of past-month marijuana users; 18-25 year olds represented 11 percent; and persons 26 years or older represented three percent. Approximately 37 percent of Mississippians were past-month alcohol users. By age group, 12-17 year olds represented 14 percent of past-month alcohol users; 18-25 year olds represented 51 percent; and persons 26 years or older represented 37 percent. Past month binge alcohol use among Mississippians was 20 percent.

Mississippi's 2003 Youth Risk Behavior Survey (YRBS)

The Mississippi YRBS measures the incidence and prevalence of behaviors that contribute to the leading causes of mortality and morbidity among youth. The YRBS is part of a larger effort to help communities promote the “resiliency” of young people by reducing high risk behaviors and increasing health behaviors. The U.S. Centers for Disease Control and the nationally recognized survey research firm, Westat, developed the survey and analyzed the data collection. The Mississippi Department of Health conducted the survey and developed the report. A total of 1,488 students in 34 public high schools, grades 9-12, completed the YRBS in the spring of 2003. The school response rate was 76 percent, the student response rate was 89 percent, and the overall response rate was 34 percent. Students completed a voluntary, self administered anonymous, 87-item questionnaire.

Mississippi youth exhibit substance use rates and risk behaviors similar to national rates according to statistics published in the *2003 Youth Risk Behavior Survey (YRBS)*. Table IX-1 illustrates the YRBS trends for Mississippi youth over a ten-year period. Statistics reveal that marijuana use among Mississippi youth increased significantly from a low of nine percent in 1993 to 21 percent in 2003.

Table IX-1
**Mississippi Youth Risk Behavior Survey Trends
 1993-2003**

| Substances & Risk Factors | U.S. 2003 | MS 2003 | 2001 | 1999 | 1997 | 1995 | 1993 |
|-------------------------------------|-----------|---------|------|------|------|------|------|
| Alcohol use, past month | 45% | 42% | 42% | 43% | 46% | 49% | 47% |
| Episodic heavy drinking, past-month | 28% | 25% | 22% | 25% | 24% | 30% | 27% |
| Marijuana use, past month | 22% | 21% | 17% | 19% | 21% | 16% | 9% |
| Ever used cocaine | 9% | 6% | 5% | 6% | 4% | 3% | 2% |
| Ever used inhalants | 12% | 11% | 10% | 13% | 17% | 18% | N/A |
| Alcohol use before age 13 | 28% | 32% | 32% | 34% | 36% | 31% | 34% |

Source: *2003 Youth Risk Behavior Survey (YRBS)*

Although past-month alcohol use has declined over a ten-year period, the percentage of youth reporting 30-day alcohol use has remained constant since 2001. Binge drinking rates reflect that one in four Mississippi youth (25 percent) report that they have consumed more than five alcoholic beverages in the past 30 days. Approximately one-third of Mississippi youth have consumed alcohol before age 13. This statistic supports the fact that motor vehicle crashes are the leading causes of death among Mississippians 10 to 24 years old, at 36 percent, compared to a national rate of 32 percent. The prevalence of underage drinking is higher among males than females and is higher among white males than black and Hispanic males.

Tobacco Use

Measures of tobacco use among Mississippi students are compared to national numbers in 2003 indicate that:

- 66 percent of Mississippi students have ever smoked cigarettes, compared to 58 percent nationally;
- 25 percent of Mississippi students have smoked cigarettes during the past month, compared to 22 percent nationally;
- 12 percent of Mississippi students have smoked cigarettes on 20 or more of the past 30 days, compared to ten percent nationally;
- 18 percent of Mississippi students have smoked cigars during the past month, compared to 15 percent nationally;
- Eight percent of Mississippi students have used smokeless tobacco during the past month, compared to seven percent nationally.

There has been significant improvement, an overall downward trend, in several measures of tobacco use among Mississippi students:

- The percentage of students who have ever tried cigarette smoking has decreased from 76 percent in 1993 to 66 percent in 2003;
- The percentage of students who have smoked cigarettes during the past 30 days has decreased from 28 percent in 1993 and 35 percent in 1995 to 25 percent in 2003;
- The percentage of students who have smoked cigarettes on school property during the past 30 days has decreased from nine percent in 1993 to six percent in 2003;
- The percentage of students who have used chewing tobacco or snuff during the past 30 days was ten percent in 1995 and eight percent in 2003; and
- The percentage of students who have used any form of tobacco during the past 30 days has decreased from 39 percent in 1999 to 34 percent in 2003.

Developmental Disabilities

In general, the term “developmental disability” means a severe, chronic disability of an individual that:

- (1) Is attributable to a mental or physical impairment or a combination of mental and physical impairments;
- (2) Is manifested before the person attains age 22;
- (3) Is likely to continue indefinitely;
- (4) Results in substantial functional limitations in three or more of the following areas of major life activity: self care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency; and
- (5) Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.

Infants And Young Children: An individual from birth to age nine, inclusive, who has a substantial developmental delay of specific congenital or acquired condition, may be considered to have a developmental disability without meeting three or more of the criteria described in (1) through (5) above, if the individual, without services and support, has a high probability of meeting those criteria later in life.

The nationally-accepted prevalence rate for persons with developmental disabilities in the state is estimated at 1.8 percent of the general population. By applying the 1.8 percent prevalence rate to Mississippi's 2010 population projections, the results equal 53,560 individuals who may have a developmental disability.

Based on the 2010 projected population, service need is estimated by age ranges as follows:

Table IX-2
Service Need by Age Range
 2005

| Ages | 0 to 4 | 5 to 17 | 18 to 24 | 25 to 34 | 35 to 44 | 45 to 54 | 55 to 64 | 65 to 74 | 75 to 84 | 85 + |
|--------------------------|--------|---------|----------|----------|----------|----------|----------|----------|----------|------|
| Percentage of Population | 6.9% | 18.9% | 10.0% | 13.8% | 12.5% | 13.8% | 11.4% | 7.2% | 3.1% | 2.4% |

104 Mental Health Services Delivery System

The mental health delivery system in Mississippi includes a wide range of services and settings. Supportive services are impossible to list because these would include any individual or organization providing relief for an emotional problem that impairs the ability of an individual to function normally. Direct services are those whose primary mission involves the detection and treatment of mental illness, substance abuse, and mental retardation/developmental disabilities.

Although quasi-public and private agencies provide an assortment of programs, state government provides or finances the majority of mental health services. This is especially true of residential treatment services. As mentioned previously, Mississippi has four state-operated hospitals for individuals with mental illness: Mississippi State Hospital (MSH) at Whitfield; East Mississippi State Hospital (EMSH) at Meridian; North Mississippi State Hospital (NMSH), an acute psychiatric hospital for adults in Tupelo; and South Mississippi State Hospital (SMSH), an acute psychiatric hospital for adults in Purvis.

Mississippi State Hospital reported a total of 2,093 licensed beds for FY 2005. This total includes two separately-licensed facilities operated by MSH: Oak Circle Center, a 60-bed child-adolescent psychiatric hospital, and Whitfield Medical/Surgical Hospital, a 32-bed acute care hospital, and crisis centers. MSH also had 479 licensed skilled nursing facility (nursing home) beds at the main hospital. East Mississippi State Hospital reported 635 licensed beds for FY 2005, including 228 licensed nursing home beds.

Adult Psychiatric Services

Mississippi's four state-operated hospitals provide the majority of inpatient psychiatric care and services through state crisis centers. MSH reported a total of 1,422 adult psychiatric licensed beds; EMSH reported 332, NMSH reported 82, and SMSH reported 66. The four facilities reported 2,682 admissions to adult psychiatric services in FY 2005— 1,351 to MSH, 461 to EMSH, 381 to NMSH, and 489 to SMSH (162 were also admitted to crisis programs).

In addition to the facilities listed above, Mississippi has 13 hospital-based and two freestanding adult psychiatric facilities, with a capacity of 513 licensed beds for adult psychiatric patients (plus 30 held in abeyance by the MDH) distributed throughout the state. The criteria and standards section of this chapter provides a full description of the services that private facilities must provide. Map IX-1 shows the location of inpatient facilities in Mississippi serving adult acute psychiatric patients, and Table IX-2 shows utilization statistics.

Even though many of the private facilities have low occupancy rates, the state institutions provide the majority of inpatient care for the medically indigent. Medically indigent patients have difficulty gaining access to private psychiatric facilities in their respective communities. To help address the problem, the Legislature provided funding for construction of seven state crisis intervention centers to be operated as satellites to existing facilities operated by the Department of Mental Health.

All of the centers are of similar design and function and include 16 beds and one isolation bed. The role of these centers in the regional system is to provide stabilization and treatment services to persons who have been committed to a psychiatric hospital and for whom a bed is not available. It is believed that many of these individuals can be treated in the center and returned to the community without an inpatient admission to the state psychiatric hospital. The more quickly a person receives treatment, the less likely his or her condition will worsen. The centers are located near medical facilities that will accommodate medical emergencies. In addition, plans include establishment of a cooperative relationship with a medical emergency facility so that medical clearance can be obtained for persons who have symptoms that may be indicative of both psychiatric and other medical conditions.

The seven community-based crisis centers were planned for Corinth, Newton, Grenada, Laurel, Cleveland, Batesville, and Brookhaven. The 2004 Legislature appropriated funds to open the center in Corinth at full capacity in FY 2005. Funds were appropriated in 2006 to open the five remaining centers that are constructed (Newton, Grenada, Laurel, Cleveland, and Batesville) at full capacity in 2007.

Development of the Central Mississippi Residential Center (CMRC) began in 1997 after the State of Mississippi purchased the property that was formerly the Clarke College in Newton. The property was renovated to 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 personal care homes located on the campus and 24 in supervised apartments). In the fall of 2003, 48 personal care home beds for persons with mental illness were opened on campus. CMRC provided a range of services, such as medical care, educational, vocational and recreational services, individual and group therapy, and administrative and physical facility support services. CMRC continues to operate community day programs for adults with Alzheimer's disease/other dementia near the campus..

Map IX - 1

Operational and Proposed Inpatient Facilities Serving Adult Acute Psychiatric Patients*

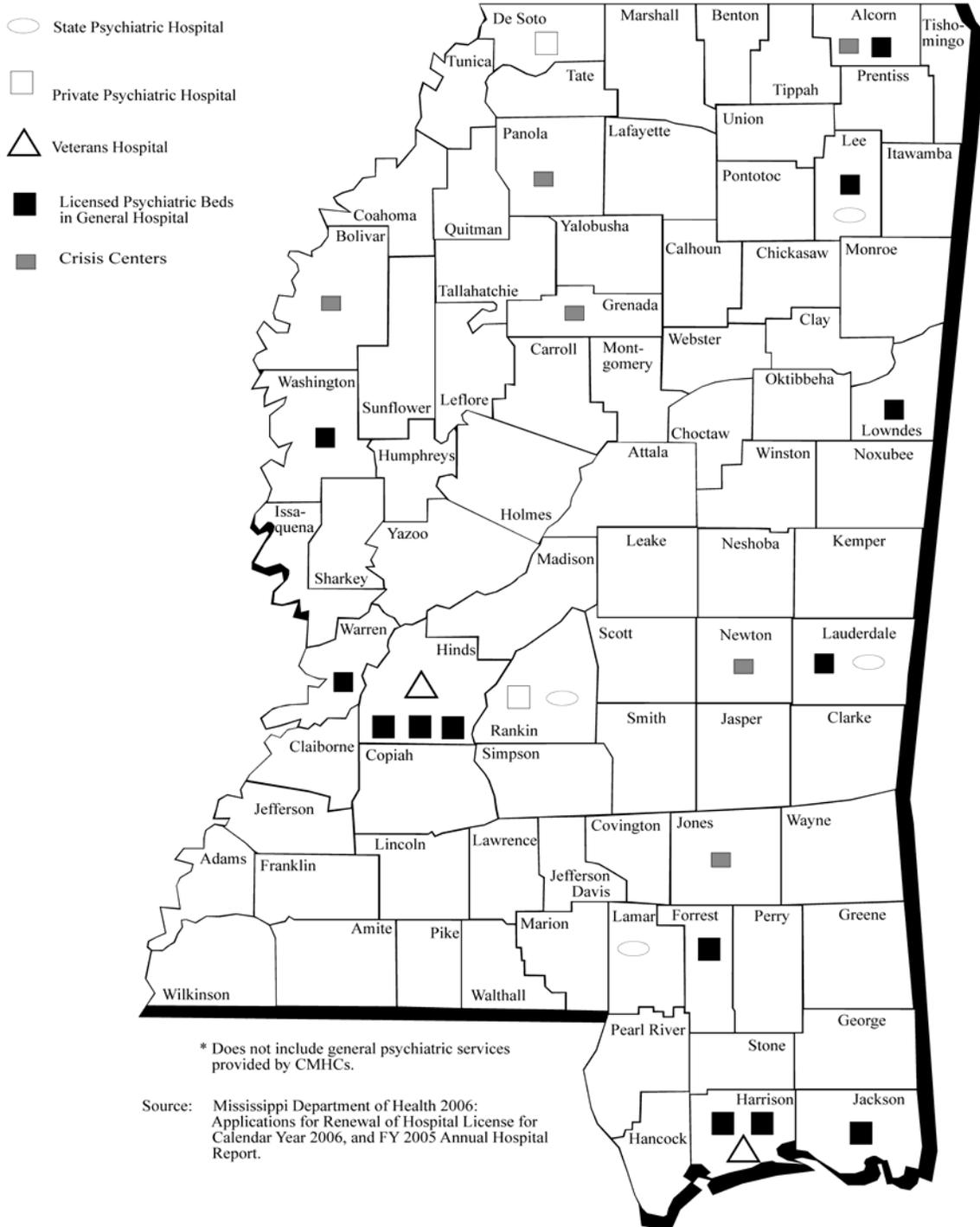


Table IX-2
Acute Psychiatric Bed Utilization
 FY 2005

| Facility | County | Licensed/CON*/ Abeyance** Beds | Inpatient Days | Occupancy Rate(%)** | Discharges | ALOS |
|---|---------------|---|---------------------------|--------------------------------|-------------------|-------------|
| Alliance Health Center | Lauderdale | 24 | 12,289 | 140.29 | 1,106 | 11.09 |
| (Adolescent) | Lauderdale | 22 | 13,639 | 169.85 | 790 | 17.17 |
| Baptist Memorial Hospital - Golden Triangle | Lowndes | 22 | 2,833 | 35.28 | 365 | 7.53 |
| Brentwood Behavioral Health Care | Rankin | 48 / 30 ** ¹ | 6,624 | 37.81 | 687 | 9.56 |
| (Adolescent) | Rankin | 59 / 12 * | 16,573 | 76.96 | 1,345 | 12.22 |
| Central Miss Medical Center | Hinds | 29 | 7,881 | 74.45 | 732 | 10.74 |
| Children's Hospital - Vicksburg | Warren | 20* | N/A | N/A | N/A | N/A |
| (Adolescent) | Washington | 9 | N/A | N/A | N/A | N/A |
| Delta Regional Medical Center | Washington | 9 | N/A | N/A | N/A | N/A |
| Diamond Grove Center | Winston | 20 | 4,361 | 59.74 | 419 | 10.53 |
| (Adolescent) | Winston | 20 | 4,361 | 59.74 | 419 | 10.53 |
| Forrest General Hospital | Forrest | 40 | 11,251 | 77.06 | 1,828 | 6.19 |
| (Adolescent) | Forrest | 16 | 6,585 | 112.76 | 843 | 7.86 |
| Gulf Coast Medical Center | Harrison | 34 | 5,826 | 46.95 | 811 | 7.19 |
| (Adolescent) | Harrison | 11 | 474 | 11.81 | 64 | 9.14 |
| Magnolia Regional Health Center | Alcorn | 19 | 4,513 | 65.08 | 536 | 8.22 |
| Memorial Hospital at Gulfport | Harrison | 59 | 5,077 | 23.58 | 773 | 6.82 |
| (Adolescent) | Harrison | 30 | 7,865 | 71.83 | 927 | 8.34 |
| North Miss Medical Center | Lee | 33 | 10,542 | 87.52 | 1,353 | 7.76 |
| (Adolescent) | Lee | 15 * | N/A | N/A | N/A | N/A |

Table IX-2 (continued)
Acute Psychiatric Bed Utilization
 FY 2005

| Facility | County | Licensed/CON*/ Abeyance** Beds | Inpatient Days | Occupancy Rate(%)** | Discharges | ALOS |
|---|---------|-----------------------------------|-------------------|------------------------|---------------|--------------|
| Parkwood Behavioral Health System (Adolescent) | DeSoto | 22 | 9,037 | 112.54 | 819 | 8.35 |
| | DeSoto | 52 | 14,967 | 78.86 | 1,066 | 10.69 |
| River Region Health System | Warren | 40 | 7,890 | 54.04 | 937 | 8.11 |
| Singing River Hospital | Jackson | 30 | 3,619 | 33.05 | 580 | 7.52 |
| St. Dominic Hospital | Hinds | 83 | 15,359 | 50.70 | 1,841 | 8.80 |
| University Hospital & Clinics (Adolescent) | Hinds | 21 | 6,461 | 84.29 | 817 | 7.91 |
| | Hinds | 12 | 1,836 | 41.92 | 246 | 7.46 |
| Total Adult | | 513 | 109,202 | 58.32 | 13,185 | 8.21 |
| Abeyance | | 30 ** | | | | |
| Total Adolescent | | 222 / 47 * | 66,300 | 81.82 | 5,700 | 10.98 |

*CON approved

**Beds held in abeyance by the MDH

Note: Unless otherwise noted, the above psychiatric beds are designated for adults

¹ CON approval has been granted to transfer 10 of these beds to Tri-Lakes Medical Center in Panola County

Sources: Applications for Renewal of Hospital License for Calendar Year 2006 and FY 2005 Annual Hospital Report; and Division of Health Planning and Resource Development Computations

Child/Adolescent Psychiatric Services

Although Mississippi has made progress in addressing the need for specialized services for children and adolescents, significant problems remain. Three freestanding facilities and five hospital-based facilities, with a total of 222 licensed beds, provide acute psychiatric inpatient services for children and adolescents. Two other hospitals and one freestanding facility have received Certificate of Need approval to add an additional 47 beds. Map IX-2 shows the location of inpatient facilities that serve adolescent acute psychiatric patients, and Table IX-2 gives utilization statistics. The criteria and standards section of this chapter provides a further description of the programs that inpatient facilities offering child/adolescent psychiatric services must provide.

The Department of Mental Health operates a separately-licensed 60-bed facility (Oak Circle Center) at Mississippi State Hospital to provide short-term inpatient psychiatric treatment for children and adolescents between the ages of four and 17 years 11 months. East Mississippi State Hospital operates a 50-bed psychiatric and chemical dependency treatment unit for adolescent males. Planning is complete for a 75-bed, long-term psychiatric residential treatment center for adolescents to be operated by EMSH; however, construction funds have not been approved.

The DMH operates a specialized 48-bed treatment facility in Brookhaven for youth with mental retardation who are involved with the criminal justice system. A similar facility is in Harrison County for youth who have come before Youth Court and have also been diagnosed with a mental disorder. Adolescents appropriate for admission are 13 years, but less than 21 years of age who present with an Axis I diagnosis of a severe emotional disturbance and need psychiatric residential care.

The Mississippi Legislature authorized the State Department of Health to establish Certificate of Need criteria and standards for psychiatric residential treatment facilities (PRTF). These facilities serve emotionally disturbed children and adolescents who are not in an acute phase of illness that requires the services of a psychiatric hospital, but who need restorative residential treatment services. "Emotionally disturbed" in this context means a condition exhibiting certain characteristics over a long period of time and to a marked degree. The criteria and standards section of this chapter describes these facilities more fully. A total of 358 PRTF beds are now authorized; six facilities are in operation, with a total of 282 beds; an additional 76 beds have received CON approval. Map IX-3 presents the location of existing and CON-approved private psychiatric residential treatment facilities. Children and adolescents who need psychiatric residential treatment beyond the scope of these residential treatment centers are served in acute psychiatric facilities or sent out of the state to other residential treatment facilities.

In FY 2005, DMH continued to make funds available to support services provided through 14 therapeutic group homes (and also, the ARK, which serves youth with dual disorders), including three transitional therapeutic homes that received DMH support from mental health services for youth; however, in the latter part of 2005, providers of therapeutic group home services funded by DMH closed a home in Columbus. These homes served a total of 260 children and youth during FY 2005. (This total does not include data from four homes that were severely impacted by Hurricane Katrina.) An additional 112 youths were served through therapeutic group homes certified, but not funded, by DMH. Additionally, the DMH continued to fund Catholic Charities, Inc. to help support 22 therapeutic foster care homes which provided therapeutic foster care services for 26 youths. Senior Services, Stepping Stones, United Methodist Ministries, Mississippi Children's Home Society, and Youth Village, non-profit private providers certified but not funded by MDMH, provided therapeutic foster care services to 130 youth in FY 2005.

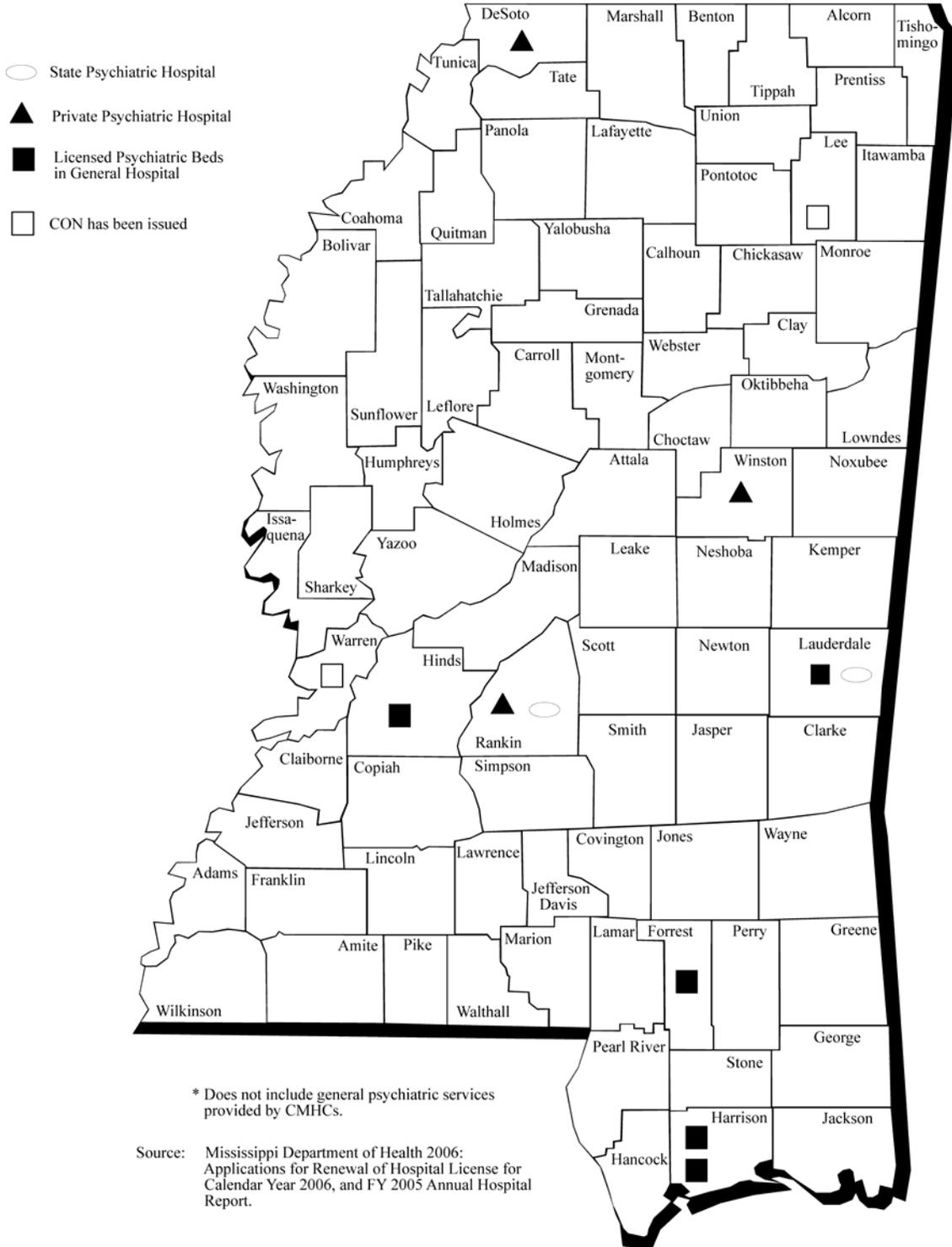
A Division of Children and Youth Services staff member provides technical assistance and support to the homes, including documentation of site visits, record monitoring, and technical assistance activities. The DMH provided funding for five specialized outpatient intensive crisis intervention projects; these projects served 874 youths with severe emotional disturbances in FY 2005. The DMH also continued to provide funding to four model comprehensive crisis intervention programs for youth with serious emotional disturbance or behavioral disorders who are in crisis or who are identified as at risk for residential placement (operated by Catholic Charities, Inc. in the Jackson Metro area, by Community Counseling Services in the Region VII [east-central area of the state]; by Pine Belt Mental Health Care Services in Region XII [southeastern area of the state]; and Region VIII Community Mental Health Center. Funding was reallocated in FY 2005 to develop a fifth program in the northeast part of the state to be operated by Region IV Timber Hills Mental Health Services.)

While inpatient services are sometimes necessary, every child/adolescent in the state should have access to appropriate community-based mental health services. This concept would provide an array of regional mental health services, allowing children/adolescents with emotional distress to be given the most appropriate and least restrictive service in or near the home community. Based on availability of adequate funding, regional community mental health centers could provide this array of community-based services.

The development of community-based programs provides many advantages. Such programs are generally less expensive, more family oriented, and frequently more effective than centralized institutional programs. Mississippi's Community Mental Health Plan describes an ideal comprehensive community mental health system for children, which would include the following major components:

- Prevention
- Diagnosis and evaluation/early intervention
- Case management
- Crisis intervention
- Outpatient services
- Day treatment/psychosocial rehabilitation
- Respite services
- Family education/support
- Community-based residential services
- Community residential treatment for alcohol/drug problems
- Protection and advocacy
- Inpatient services
- Therapeutic support services, including staff training and human resource development
- Other support services

Map IX - 2 Operational and Proposed Inpatient Facilities Serving Adolescent Acute Psychiatric Patients*



* Does not include general psychiatric services provided by CMHCs.

Source: Mississippi Department of Health 2006: Applications for Renewal of Hospital License for Calendar Year 2006, and FY 2005 Annual Hospital Report.

Alcohol and Drug Abuse Services

The location of alcohol and drug abuse programs is shown on Maps IX-4 and IX-5. Each of the 15 regional community mental health-mental retardation centers provide a variety of alcohol and drug services, including residential and transitional treatment programs. A total of 36 such residential programs for adults and adolescents are scattered throughout the state. These specialized programs provide alcohol and drug treatment services in a controlled environment with emphasis on group living. Community Residential Treatment Services typically include individual, group, and family counseling; a working relationship with vocational rehabilitation services; and referral to other appropriate community programs and agencies. These programs also provide after-care services to assist individuals in transition from treatment.

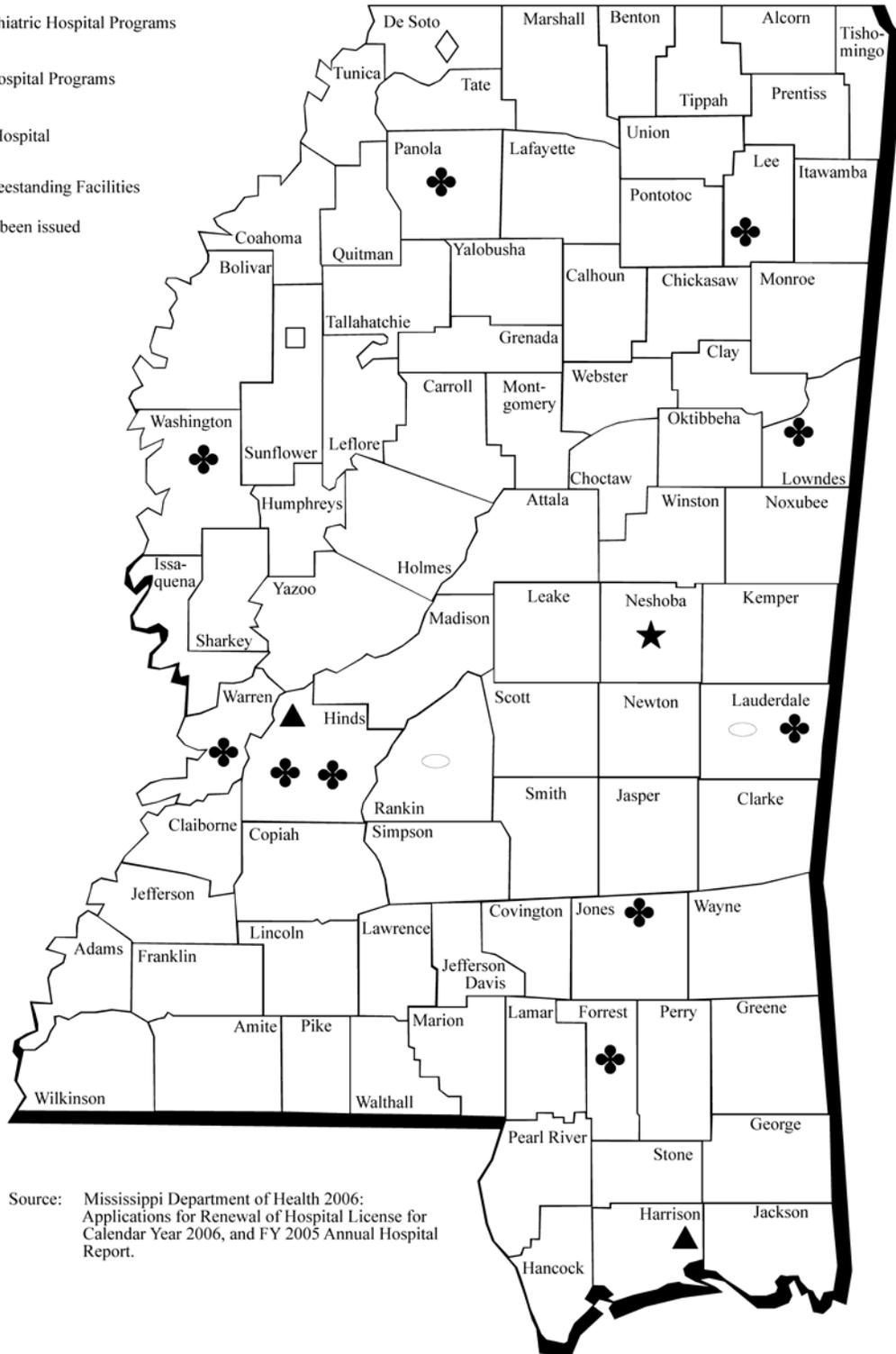
State alcohol funds are generated from a three percent markup on sales of distilled spirits and wine. These funds are specifically earmarked for the support of 19 regional residential treatment programs; 17 transitional treatment programs, aftercare, and detoxification programs; vocational rehabilitation services to alcoholics; the inpatient alcohol unit at State Hospital; and the alcohol program at State Penitentiary at Parchman. Under state law, the three percent monies must be spent for treatment services only, and funds cannot be used for prevention programs.

Eleven general hospitals and one freestanding facility in Mississippi offer alcohol and drug abuse treatment programs or have CON approval to provide such programs. Additionally, the state hospitals at Whitfield and Meridian and the Veterans Administration Hospitals in Jackson and Gulfport provide inpatient services including detoxification, assessment and evaluation, counseling, aftercare, and referral.

Four programs are designed to treat targeted populations: (1) the State Penitentiary at Parchman provides counseling and rehabilitation services to inmates during incarceration and follow-up after their release; (2) the Center for Independent Learning in Jackson, a transitional/residential facility, helps female offenders with a history of alcohol/drug abuse transition from incarceration back into society; (3) the Mississippi Band of Choctaw Indians offers a treatment program on the Neshoba County reservation that includes counseling and referral to other appropriate agencies; and (4) the Alcohol Services Center in Jackson serves low-income groups with crisis intervention, counseling, and referral. All these programs also offer many of the services provided by regular treatment resources.

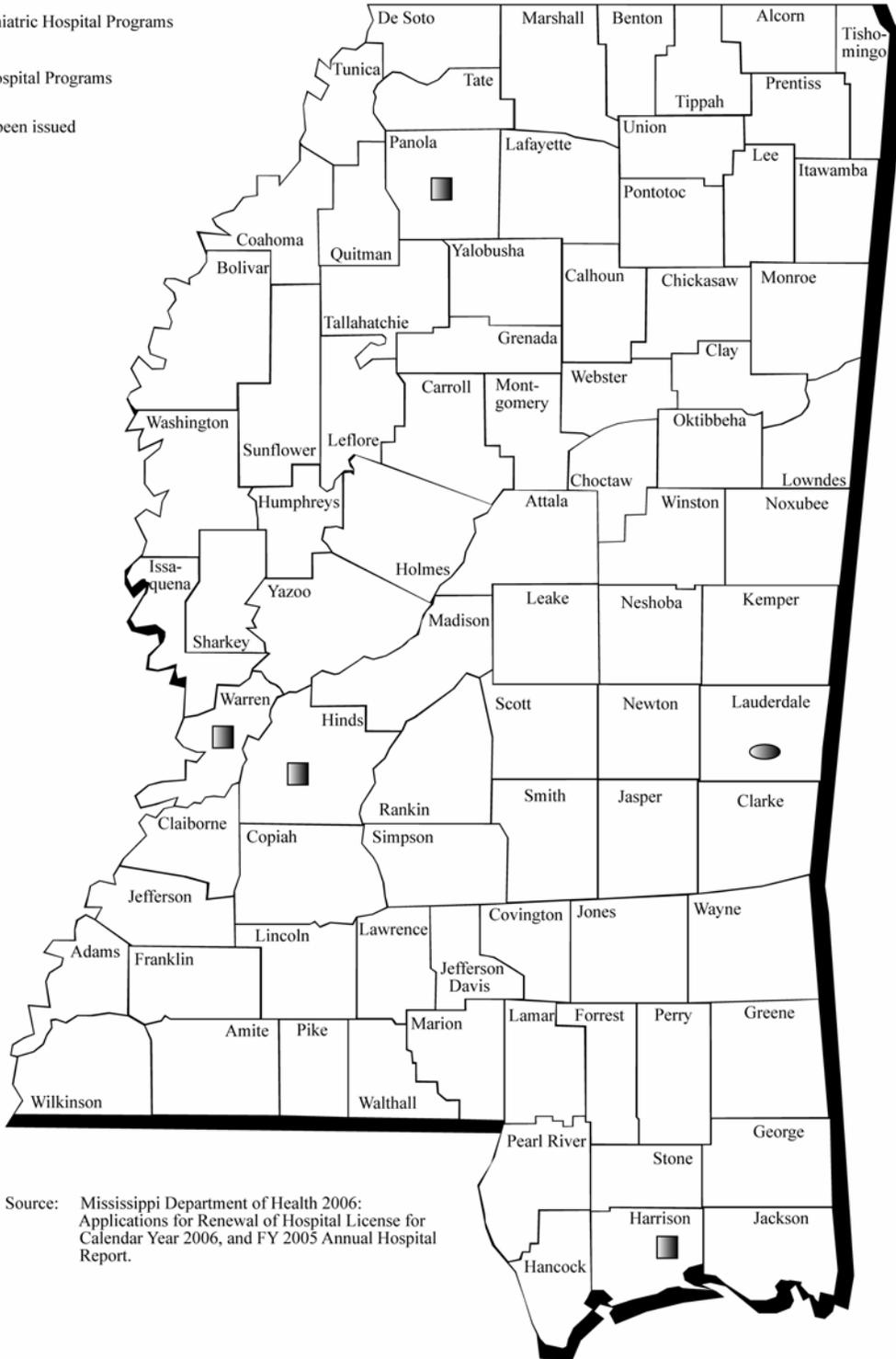
Map IX - 4 Operational and Proposed Adult Chemical Dependency Programs and Facilities

- State Psychiatric Hospital Programs
- ✿ General Hospital Programs
- ▲ Veterans Hospital
- ◇ Private Freestanding Facilities
- CON has been issued



Map IX - 5 Operational and Proposed Adolescent Chemical Dependency Programs and Facilities

-  State Psychiatric Hospital Programs
-  General Hospital Programs
-  CON has been issued



Source: Mississippi Department of Health 2006: Applications for Renewal of Hospital License for Calendar Year 2006, and FY 2005 Annual Hospital Report.

Table IX-3
Chemical Dependency Bed Utilization
 FY 2005

| Facility | County | Licensed/CON Approved* Beds | Inpatient Days | Occupancy Rate(%)** | Discharges | ALOS |
|---|---------------|--|---------------------------|--------------------------------|-------------------|--------------|
| Alliance Health Center | Lauderdale | 8 | 1,625 | 55.65 | 279 | 5.68 |
| Baptist Memorial Hospital - Golden Triangle | Lowndes | 21 | 501 | 6.54 | 119 | 5.25 |
| Delta Regional Medical Center | Washington | 7 | 2,137 | 83.64 | 374 | 5.79 |
| Forrest General Hospital | Forrest | 32 | 7,081 | 60.63 | 1,311 | 5.43 |
| Memorial Hospital at Gulfport (Adolescent) | Harrison | 20 | 879 | 12.04 | 119 | 8.97 |
| Miss Baptist Medical Center | Hinds | 100 | 1,027 | 2.81 | 232 | 4.43 |
| (Adolescent) | Hinds | 10 | N/A | N/A | N/A | N/A |
| North Miss Medical Center | Lee | 33 | 2,793 | 23.19 | 697 | 3.89 |
| Parkwood Behavioral Health System | DeSoto | 14 | 1,826 | 35.73 | 157 | 7.78 |
| River Region Health System | Warren | 28 | 4,806 | 47.03 | 546 | 8.55 |
| (Adolescent) | Warren | 12 | 1,835 | 41.89 | 139 | 12.83 |
| South Central Regional Medical Center | Jones | 10 | 1,833 | 50.22 | 319 | 5.72 |
| St. Dominic Hospital | Hinds | 35 | 5,207 | 40.76 | 689 | 6.99 |
| Tri-Lakes Medical Center | Panola | 13 | 3,692 | 77.81 | 612 | 6.03 |
| (Adolescent) | Panola | 10 | 1,177 | 32.25 | 130 | 9.05 |
| Total Adult | | 301 | 32,528 | 29.61 | 5,335 | 5.90 |
| Total Adolescent | | 52 | 3,891 | 20.50 | 388 | 10.38 |

Note: Unless otherwise noted, the above psychiatric beds are designated for adults
 Sources: Applications for Renewal of Hospital License for Calendar Year 2006 and FY 2005 Annual Hospital Report

Mental Retardation/Developmental Disabilities Services

Services available through the Department of Mental Health include an array of programs designed to meet the needs of individuals with mental retardation or developmental disabilities. Programs and activities for persons residing in their local communities include diagnostic/evaluation, community living, system coordination and community education, early intervention, assistance technology, case management, work activity services for older adults with mental retardation, and employment. Five state regional centers at Long Beach, Ellisville, Sanatorium, Whitfield, and Oxford offer residential services, as well as direct and auxiliary support, for all services within the regions. The Regional Community Mental Health-Mental Retardation Commissions and a number of independent, non-profit, private service providers offer similar community programs.

The Mississippi Department of Mental Health serves as the designated state agency (DSA) to administer funds available through the federal Developmental Disabilities Program. The Mississippi Council on Developmental Disabilities (MCDD) strives to identify need, plan services and support, and advocate for new services to meet individual needs in various communities. More than 170 public and private agencies, organizations, or programs provide a myriad of services to persons with mental retardation and developmental disabilities; however, the Council recognizes the need for services and support to address what people with developmental disabilities and their families want and need. In May 2005, the Council conducted a statewide needs assessment involving a representation from all service providers and advocacy groups. Results of this needs assessment/strategic planning will be the basis for the Council's five-year State Plan (2006-2011). Hopefully, other providers will be able to use the results as a basis for their service delivery. For information about the statewide needs assessment, refer to the website of the MS Council on Developmental Disabilities.

The MCDD funded services are designed to promote community inclusion for people with developmental disability and their families. This funding may include one-time projects, special events, support for training activities, short-term demonstrations (not to exceed three years), product development activities, and special focus investments. MCDD investments must support at least one of the following Administration on Developmental Disabilities (ADD) Areas of Emphasis (Priority Areas): (a) quality assurance (which means that people have control, choice, and flexibility in the services/supports they receive); (b) employment (which refers to individuals getting and keeping employment consistent with their interest, abilities, and needs); (c) community living/housing (which involves adults choosing where and with whom they live); (d) health (referring to individuals being healthy and benefiting from the full range of services); (e) education/child development (resulting in students reaching their educational potential); (f) formal and informal community support (characterized by every individual being a valued, participating member of their community), (g) transportation (which refers to people being able to go and participate in community activities of their choice; and (h) recreation (which refers to people being able to participate in leisure activities of their choice). Regulations require that 65 percent of the federal Developmental Disabilities funds be invested in these Areas of Emphasis. In Mississippi, however, approximately 85 percent of DD funds are spent on programs and services.

The Federal Centers for Medicare and Medicaid Services (CMS) approved a Home and Community-Based Services - MR/DD Waiver Program for Mississippi that began in July 1995 and is now approved until 2008. The program provides services to persons with mental retardation/developmental disabilities that would require the level of care found at an intermediate care facility for the mentally retarded if waiver services were not available. The waiver program is available statewide to persons of all ages, with approval contingent on funding to serve up to 3,300 people. Services available include attendant care, respite (in-home nursing or companion, community, or ICF/MR), day habilitation, residential habilitation (supported or supervised), pre-vocational services, supported employment, behavior support/intervention, specialized medical supplies (diapers, catheters, and pads), physical therapy, occupational therapy,

speech/language/hearing therapy, and support coordination. Each of the five Department of Mental Health Comprehensive Regional Centers employs support coordinators to help eligible individuals with disabilities and their families navigate the evaluation process and monitor the provision of waiver services.

Approximately 44,000 Mississippians may have developmental disabilities and/or mental retardation; the majority of these presently live outside the residential programs. Given the life expectancy of persons with developmental disabilities, combined with the deaths of family members providing primary care to those living at home, the state needs approximately 500 additional state-supported living alternatives. In conjunction with the continued establishment of community living programs, the Bureau of Mental Retardation believes that its employment and work opportunity programs must be continued and expanded. The Bureau is also committed to statewide expansion of early intervention programs for children with developmental disabilities and their families.

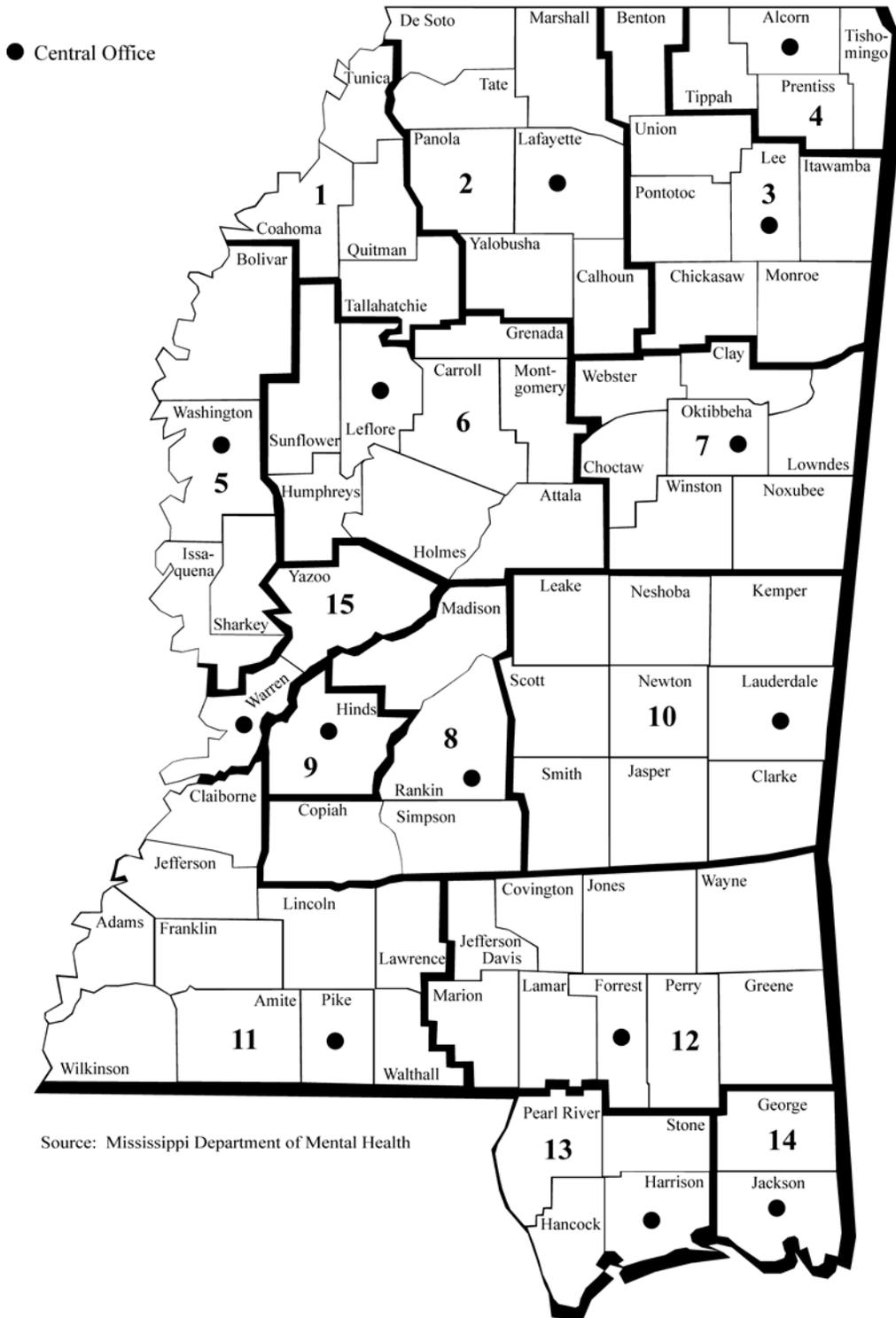
Community-Based Services

Fifteen regional community Mental Health-Mental Retardation Centers provide a wide range of mental health services at the local level. Map IX-6 presents the central office locations of these centers. Each center must meet federal and state program and performance standards. The major objectives of the regional community mental health centers include: (a) providing accessible services to all citizens with mental and emotional problems; (b) reducing the number of initial admissions to the state hospitals; and (c) preventing re-admissions through supportive aftercare services. These centers are a vital element in the plan to provide an integrated system of mental health services to all residents of Mississippi.

The regional community mental health centers are certified to provide emergency services and must have agreements with local providers for short-term inpatient care. The centers themselves do not maintain acute care beds but may make them available through an affiliation agreement with a local hospital which, within certain restrictions, can treat individuals in lieu of admission to the state hospitals. When discussing these beds, one must keep in mind that most of these beds are already listed in the existing inventory and should not be added to those already identified. The number of beds available on an affiliation basis varies from hospital to hospital. Most of these beds are not located in a specialized psychiatric unit, but are scattered throughout the hospital. Most of the hospitals providing beds through an affiliation agreement seldom have adequate or qualified staff and provide services only on an emergency basis. Usually a patient is hospitalized for one to four days and is referred to another hospital when further treatment becomes necessary.

Community mental health centers may provide back-up to hospital staff to ensure appropriate care. However, these agreements are limited in many instances. For example, in some regions the agreement is for general hospital beds on a priority basis, but the beds are in a general ward and no psychiatrist is on the hospital staff. In these cases a local private physician makes the admission, and the mental health center staff works with the physician on a consulting basis. In almost all instances of admission to local hospitals, there must be some method for the mentally ill consumer to pay for the hospitalization. Where there is a psychiatric unit, admissions are many times limited because the consumer has no source of payment. In summary, a system of limited adequacy exists to provide inpatient care for individuals who need this level of treatment in the community; inpatient care for mental illness is generally not available on demand.

Map IX - 6 Regional Community Mental Health/Mental Retardation Centers and Location of Central Office



**Certificate of Need
Criteria and Standards
for
Acute Psychiatric,
Chemical Dependency,
and
Psychiatric Residential
Treatment Facility Beds/Services**

Should the Mississippi Department of Health receive a Certificate of Need application regarding the acquisition and/or otherwise control of major medical equipment or the provision of a service for which specific CON criteria and standards have not been adopted, the application shall be deferred until the Department of Health has developed and adopted CON criteria and standards. If the Department has not developed CON criteria and standards within 180 days of receiving a CON application, the application will be reviewed using the general CON review criteria and standards presented in the *Mississippi Certificate of Need Review Manual* and all adopted rules, procedures, and plans of the Mississippi Department of Health.

105 Policy Statement Regarding Certificate of Need Applications for Acute Psychiatric, Chemical Dependency, and Psychiatric Residential Treatment Facility Beds/Services

1. An applicant must provide a "reasonable amount" of indigent/charity care as described in Chapter I of this *Plan*.
2. Mental Health Planning Areas: The Department of Health shall use the state as a whole to determine the need for acute psychiatric beds/services, chemical dependency beds/ services, and psychiatric residential treatment beds/services. Tables IX-4, IX-5, and IX-6 give the statistical need for each category of beds.
3. Public Sector Beds: Due to the public sector status of the acute psychiatric, chemical dependency, and psychiatric residential treatment facility beds operated directly by the Mississippi Department of Mental Health (MDMH), the number of licensed beds operated by the MDMH shall not be counted in the bed inventory used to determine statistical need for additional acute psychiatric, chemical dependency, and psychiatric residential treatment facility beds.
4. Comments from Department of Mental Health: The Mississippi Department of Health shall solicit and take into consideration comments received from the Mississippi Department of Mental Health regarding any CON application for the establishment or expansion of inpatient acute psychiatric, chemical dependency, and/or psychiatric residential treatment facility beds.
5. Separation of Adults and Children/Adolescents: Child and adolescent patients under 18 years of age must receive treatment in units which are programmatically and physically distinct from adult (18+ years of age) patient units. A single facility may house adults as well as adolescents and children if both physical design and staffing ratios provide for separation.
6. Separation of Males and Females: Facilities must separate males and females age 13 and over for living purposes (e.g., separate rooms and rooms located at separate ends of the halls, etc.).
7. Dually Diagnosed Patients: It is frequently impossible for a provider to totally predict or control short-term deviation in the number of patients with mixed psychiatric/addictive etiology to their illnesses. Therefore, the Department will allow deviations of up to 25 percent of the total licensed beds as "swing-beds" to accommodate patients having diagnoses of both psychiatric and substance abuse disorders. However, the provider must demonstrate to the Division of Licensure and Certification that the "swing-bed" program meets all applicable licensure and certification regulations for each service offered, i.e., acute psychiatric, chemical dependency, and psychiatric residential treatment facility services, before providing such "swing-bed" services.
8. Comprehensive Program of Treatment: Any new mental health beds approved must provide a comprehensive program of treatment that includes, but is not limited to, inpatient, outpatient, and follow-up services, and in the case of children and adolescents, includes an educational component. The facility may provide outpatient and appropriate follow-up services directly or through contractual arrangements with existing providers of these services.

9. Medicaid Participation: An applicant proposing to offer acute psychiatric, chemical dependency, and/or psychiatric residential treatment facility services or to establish, expand and/or convert beds under any of the provisions set forth in this section or in the service specific criteria and standards shall affirm in the application that:
 - a. the applicant shall seek Medicaid certification for the facility/program at such time as the facility/program becomes eligible for such certification; and
 - b. the applicant shall serve a reasonable number of Medicaid patients when the facility/program becomes eligible for reimbursement under the Medicaid Program. The application shall affirm that the facility will provide the MDH with information regarding services to Medicaid patients.

10. Licensing and Certification: All acute psychiatric, chemical dependency treatment, dual diagnosis beds/services, and psychiatric residential treatment facility beds/services must meet all applicable licensing and certification regulations of the Division of Health Facilities Licensure and Certification. If licensure and certification regulations do not exist at the time the application is approved, the program shall comply with such regulations following their effective date.

11. Psychiatric Residential Treatment Facility: A psychiatric residential treatment facility (PRTF) is a non-hospital establishment with permanent licensed facilities that provides a twenty-four (24) hour program of care by qualified therapists including, but not limited to, duly licensed mental health professionals, psychiatrists, psychologists, psychotherapists, and licensed certified social workers, for emotionally disturbed children and adolescents referred to such facility by a court, local school district, or the Department of Human Services, who are not in an acute phase of illness requiring the services of a psychiatric hospital and who are in need of such restorative treatment services. For purposes of this paragraph, the term "emotionally disturbed" means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects educational performance:
 - a. an inability to learn which cannot be explained by intellectual, sensory, or health factors;
 - b. an inability to build or maintain satisfactory relationships with peers and teachers;
 - c. inappropriate types of behavior or feelings under normal circumstances;
 - d. a general pervasive mood of unhappiness or depression; or
 - e. a tendency to develop physical symptoms or fears associated with personal or school problems.

An establishment furnishing primarily domiciliary care is not within this definition.

12. Certified Educational Programs: Educational programs certified by the Department of Education shall be available for all school age patients. Also, sufficient areas suitable to meet the recreational needs of the patients are required.

13. Preference in CON Decisions: Applications proposing the conversion of existing acute care hospital beds to acute psychiatric and chemical dependency beds shall receive preference in CON decisions provided the application meets all other criteria and standards under which it is reviewed.
14. Dedicated Beds for Children's Services: It has been determined that there is a need for specialized beds dedicated for the treatment of children less than 14 years of age. Therefore, of the beds determined to be needed for child/adolescent acute psychiatric services and psychiatric residential treatment facility services, 25 beds under each category for a total of 50 beds statewide shall be reserved exclusively for programs dedicated to children under the age of 14.
15. Effective April 12, 2002, no health care facility shall be authorized to add any beds or convert any beds to another category of beds without a Certificate of Need under the authority of Section 41-7-191(1)(c).
16. Effective March 4, 2003, if a health care facility has voluntarily delicensed some of its existing bed complement, it may later relicense some or all of its delicensed beds without the necessity of having to acquire a Certificate of Need. The Department of Health shall maintain a record of the delicensing health care facility and its voluntarily delicensed beds and continue counting those beds as part of the state's total bed count for health care planning purposes.

106 General Certificate of Need Criteria and Standards for Acute Psychiatric, Chemical Dependency, and/or Psychiatric Residential Treatment Facility Beds/Services

The Mississippi Department of Health will review applications for a Certificate of Need for the establishment, offering, or expansion of acute psychiatric, chemical dependency treatment, and/or psychiatric residential treatment beds/services under the applicable statutory requirements of Sections 41-7-173, 41-7-191, and 41-7-193, Mississippi Code of 1972, as amended. The MDH will also review applications for Certificate of Need according to the policies in this *Plan*; the general criteria listed in the *Mississippi Certificate of Need Review Manual*; all adopted rules, procedures, and plans of the Mississippi Department of Health; and the general and service specific criteria and standards listed below.

The offering of acute psychiatric, chemical dependency treatment, and/or psychiatric residential treatment facility services is reviewable if the proposed provider has not offered those services on a regular basis within the period of twelve (12) months prior to the time such services would be offered. The construction, development, or other establishment of a new health care facility to provide acute psychiatric, chemical dependency treatment, and/or psychiatric residential treatment services requires CON review regardless of capital expenditure.

1. Need Criterion:

- a. **New/Existing Acute Psychiatric, Chemical Dependency, and/or Psychiatric Residential Treatment Facility Beds/Services:** The applicant shall document a need for acute psychiatric, chemical dependency, and/or psychiatric residential treatment

The application shall document that the applicant will provide a reasonable amount of charity/indigent care as provided for in Chapter I of this *Plan*.

107 Service Specific Certificate of Need Criteria and Standards for Acute Psychiatric, Chemical Dependency, and/or Psychiatric Residential Treatment Facility Beds/Services

Acute Psychiatric Beds for Adults

1. The Mississippi Department of Health shall base statistical need for adult acute psychiatric beds on a ratio of **0.21 beds per 1,000 population aged 18 and older for 2010** in the state as a whole as projected by the Division of Health Planning and Resource Development. Table IX-4 presents the statistical need for adult psychiatric beds.
2. The applicant shall provide information regarding the proposed size of the facility/unit. Acute psychiatric beds for adults may be located in either freestanding or hospital-based facilities. Freestanding facilities should not be larger than 60 beds. Hospital units should not be larger than 30 beds. Patients treated in adult facilities and units should be 18 years of age or older.
3. The applicant shall provide documentation regarding the staffing of the facility. Staff providing treatment should be specially trained for the provision of psychiatric and psychological services. The staff should include both psychiatrists and psychologists and should provide a multi-discipline psychosocial medical approach to treatment.

Acute Psychiatric Beds for Children and Adolescents

1. The Mississippi Department of Health shall base statistical need for child/adolescent acute psychiatric beds on a ratio of **0.55 beds per 1,000 population aged 7 to 17 for 2010** in the state as a whole as projected by the Division of Health Planning and Resource Development. Table IX-4 presents the statistical need for child/adolescent psychiatric beds. Of the specified beds needed, 25 beds are hereby set aside exclusively for the treatment of children less than 14 years of age.
2. The applicant shall provide information regarding the proposed size of the facility/unit. Acute psychiatric beds for children and adolescents may be located in freestanding or hospital-based units and facilities. A facility should not be larger than 60 beds. All units, whether hospital-based or freestanding, should provide a homelike environment. Ideally, a facility should provide cottage-style living units housing eight to ten patients. Because of the special needs of children and adolescents, facilities or units which are not physically attached to a general hospital are preferred. For the purposes of this *Plan*, an adolescent is defined as a minor who is at least 14 years old but less than 18 years old, and a child is defined as a minor who is at least 7 years old but less than 14 years old.
3. The applicant shall provide documentation regarding the staffing of the facility. Staff should be specially trained to meet the needs of adolescents and children. Staff should include both psychiatrists and psychologists and should provide a multi-discipline psychosocial medical approach to treatment. The treatment program must involve parents and/or significant others. Aftercare services must also be provided.

4. The applicant shall describe the structural design of the facility in providing for the separation of children and adolescents. In facilities where both children and adolescents are housed, the facility should attempt to provide separate areas for each age grouping.

Chemical Dependency Beds for Adults

1. The Mississippi Department of Health shall base statistical need for adult chemical dependency beds on a ratio of **0.14 beds per 1,000 population aged 18 and older for 2010** in the state as a whole as projected by the Division of Health Planning and Resource Development. Table IX-5 presents the statistical need for adult chemical dependency beds.
2. The applicant shall provide information regarding the proposed size of the facility/unit. Chemical dependency treatment programs may be located in either freestanding or hospital-based facilities. Facilities should not be larger than 75 beds, and individual units should not be larger than 30 beds. The bed count also includes detoxification beds. Staff should have specialized training in the area of alcohol and substance abuse treatment, and a multi-discipline psychosocial medical treatment approach which involves the family and significant others should be employed.
3. The applicant shall describe the aftercare or follow-up services proposed for individuals leaving the chemical dependency program. Chemical dependency treatment programs should include extensive aftercare and follow-up services.
4. The applicant shall specify the type of clients to be treated at the proposed facility. Freestanding chemical dependency facilities and hospital-based units should provide services to substance abusers as well as alcohol abusers.

Chemical Dependency Beds for Children and Adolescents

1. The Mississippi Department of Health shall base statistical need for child/adolescent chemical dependency beds on a ratio of **0.44 beds per 1,000 population aged 12 to 17 for 2010** in the state as a whole as projected by the Division of Health Planning and Resource Development. Table IX-5 presents the statistical need for child/adolescent chemical dependency beds.
2. The applicant shall provide information regarding the proposed size of the facility/unit. Chemical dependency beds may be located in either freestanding or hospital-based facilities. Because of the unique needs of the child and adolescent population, facilities shall not be larger than 60 beds. Units shall not be larger than 20 beds. The bed count of a facility or unit will include detoxification beds.

Facilities or units, whether hospital-based or freestanding, should provide a home-like environment. Ideally, facilities should provide cottage-style living units housing eight to ten patients. Because of the special needs of children and adolescents, facilities or units which are not physically attached to a general hospital are preferred.
3. The applicant shall provide documentation regarding the staffing of the facility. Staff should be specially trained to meet the needs of adolescents and children. Staff should include both psychiatrists and psychologists and should provide a multi-discipline psychosocial medical approach to treatment. The treatment program must involve parents and significant others. Aftercare services must also be provided.

4. The applicant shall describe the structural design of the facility in providing for the separation of the children and adolescents. Child and adolescent patients shall be separated from adult patients for treatment and living purposes.
5. The applicant shall describe the aftercare or follow-up services proposed for individuals leaving the chemical dependency program. Extensive aftercare and follow-up services involving the family and significant others should be provided to clients after discharge from the inpatient program. Chemical dependency facilities and units should provide services to substance abusers as well as alcohol abusers.

Psychiatric Residential Treatment Facility Beds/Services

1. The Mississippi Department of Health shall base statistical need for psychiatric residential treatment beds on a ratio of **0.4 beds per 1,000 population aged 5 to 21 for 2010** in the state as a whole as projected by the Division of Health Planning and Resource Development. Table IX-6 presents the statistical need for psychiatric residential treatment facility beds.
2. The application shall state the age group that the applicant will serve in the psychiatric residential treatment facility and the number of beds dedicated to each age group (5 to 13, 14 to 17, and 18 to 21).
3. The applicant shall describe the structural design of the facility for the provision of services to children less than 14 years of age. Of the beds needed for psychiatric residential treatment facility services, 25 beds are hereby set aside exclusively for the treatment of children less than 14 years of age. An applicant proposing to provide psychiatric residential treatment facility services to children less than 14 years of age shall make provision for the treatment of these patients in units which are programmatically and physically distinct from the units occupied by patients older than 13 years of age. A facility may house both categories of patients if both the physical design and staffing ratios provide for separation.

This criterion does not preclude more than 25 psychiatric residential treatment facility beds being authorized for the treatment of patients less than 14 years of age. However, the Department shall not approve more than 334 psychiatric residential treatment facility beds statewide unless specifically authorized by legislation. (Note: the 388 licensed and CON approved beds indicated on page IX-37 were the result of both CON approval and legislative actions).

4. The applicant shall provide information regarding the proposed size of the facility/unit. A psychiatric residential treatment facility should provide services in a homelike environment. Ideally, a facility should provide cottage-style living units not exceeding 15 beds. A psychiatric residential treatment facility should not be larger than 60 beds.
5. The applicant shall provide documentation regarding the staffing of the facility. Staff should be specially trained to meet the treatment needs of the age category of patients being served. Staff should include both psychiatrists and psychologists and should provide a multi-discipline psychosocial medical approach to treatment. The treatment program must involve parents and/or significant others. Aftercare/follow-up services must also be provided.

Table IX-4
Statewide Acute Psychiatric Bed Need
 2007

| Bed Category and Ratio | 2010 Projected Population | Projected Bed Need | Licensed/CON Approved/Abeyance Beds | Difference |
|--|----------------------------------|---------------------------|--|-------------------|
| Adult Psychiatric: <u>0.21 beds per 1,000 population aged 18+</u> | 2,238,274 | 470 | 543 | -73 |
| Child/Adolescent Psychiatric: <u>0.55 beds per 1,000 population aged 7 to 17</u> | 452,740 | 249 | 269 | -20 |

Sources: Applications for Renewal of Hospital License for Calendar Year 2006 and FY 2005 Annual Hospital Report; and Division of Health Planning and Resource Development calculations, March 2006

Table IX-5
Statewide Chemical Dependency Bed Need
 2007

| Bed Category and Ratio | 2010 Projected Population | Projected Bed Need | Licensed/CON Approved Beds | Difference |
|---|----------------------------------|---------------------------|-----------------------------------|-------------------|
| Adult Chemical Dependency: <u>0.14 beds per 1,000 population aged 18+</u> | 2,238,274 | 313 | 301 | 12 |
| Child/Adolescent Chemical Dependency: <u>0.44 beds per 1,000 population aged 12 to 17</u> | 251,695 | 111 | 52 | 59 |

Sources: Applications for Renewal of Hospital License for Calendar Year 2006 and FY 2005 Annual Hospital Report; Division of Health Planning and Resource Development calculations, March 2006

Table IX-6
Statewide Psychiatric Residential Treatment Facility Bed Need
 2007

| Age Cohort | Bed Ratio per 1,000 Population | 2010 Projected Population | Projected Bed Need | Licensed/CON Approved Beds | Difference |
|-------------------|---------------------------------------|----------------------------------|---------------------------|-----------------------------------|-------------------|
| 5 to 21 | 0.4 | 704,365 | 282 | 358 | -76 |

Sources: Mississippi Department of Health, Division of Health Planning and Resource Development, March 2006