

**Mississippi Department of Mental Health  
Annual Report  
Fiscal Year 2000**

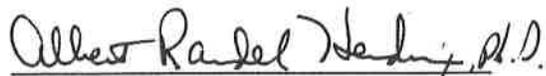
**Presented To  
State Board of Mental Health**

**Prepared By**

**Kevin C. Feisel**

**Division of Planning/Public Information**

**Approved By**



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



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**MISSISSIPPI DEPARTMENT OF MENTAL HEALTH  
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**FISCAL YEAR 2000  
(July 1, 1999 - June 30, 2000)**

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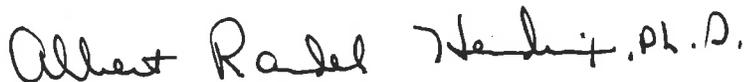
Albert R. Hendrix, Ph.D.  
Executive Director



## MESSAGE FROM THE EXECUTIVE DIRECTOR

The Mississippi Department of Mental Health's FY 2000 Annual Report includes an overview of the agency's organization, major areas of responsibility, and available fiscal and human resources. The Annual Report is designed primarily to represent progress the agency has made during FY 2000, but also serves as a resource containing descriptions of components of the major service systems the Department of Mental Health administers. The Department of Mental Health, through the ongoing concern and support of the Mississippi Legislature, the Governor, and the citizens of Mississippi, has continued to make progress in expansion of service options available across the state. As such, an update on planning and/or construction of new facilities is a part of this report, as well as more detailed information related to specific objectives to increase and improve various aspects of the public service networks for mental health, alcohol/drug abuse prevention and treatment, Alzheimer's disease and other forms of dementia, and mental retardation and developmental disabilities.

The progress described in this report is the result of the hard work and commitment of many dedicated employees of the Department of Mental Health and of other provider agencies that comprise the public service network. We are grateful to them and know that this report is only a small representation of the many achievements made by the individuals and groups that comprise this vast service network. We are also grateful to the Mississippi State Board of Mental Health for their guidance and vital contributions to the agency's continued progress toward meeting its goals. Their dedication and insight ensure that quality services are maintained and further developed at the highest levels possible. Finally, the Mississippi Department of Mental Health continues to benefit greatly from the input, feedback and support of members of consumer and family member education and advocacy organizations, both in developing objectives for improving its services and in implementing positive changes in its systems. Collaboration and partnership with those whom we are charged to serve have enlightened and strengthened our efforts and will continue to do so in the future.



Albert R. Hendrix, Ph.D.  
Executive Director



## **PHILOSOPHY OF THE DEPARTMENT OF MENTAL HEALTH**

The Department of Mental Health is committed to developing and maintaining a comprehensive, statewide system of prevention and service options for adults and children with mental illness or emotional disturbance, 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 implementing state plans for the purpose of assisting with the care and treatment of persons with Alzheimer's disease and other dementia, specifically in the area of day programs and care-giver training.

The Department supports the philosophy of making available a comprehensive system of services so that individual consumers and their families have access to the least restrictive and appropriate level of services that will meet their needs. The facilities operated by the Department of Mental Health, the 15 regional community mental health/mental retardation centers and other nonprofit agencies that receive funding through the Department form a statewide network of public services and support systems. Consistent with its philosophy, the Department strives to maintain high standards and to improve continually the availability, accessibility and quality of services provided through this public system. This Annual Report describes the progress made during fiscal year 2000 by the Department and its affiliated service providers in accomplishing this long-term goal.

A priority of the Department is to work with individual consumers and their families to develop the capacity of communities so that needed services and supports can be offered locally. The Department has attempted to do this by developing an array of community programs that will provide services to individuals as close to their homes and communities as possible. The Department 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.

Finally, in accomplishing its mission of developing an accessible, comprehensive service system, the Department of Mental Health is committed to its obligation to administer efficiently its human and fiscal resources, as well as to identify and communicate existing needs and advocate for resources to meet those needs.



## OVERVIEW OF THE SERVICE SYSTEM

### Statutory Authority of the Department of Mental Health

The Mississippi Department of Mental Health was created in 1974 by an Act of the Mississippi Legislature, Regular Session, as outlined in Sections 41-4-1 et seq. of the Mississippi Code of 1972, 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. (In addition to these service areas, the preceding section of the Annual Report addresses the Department of Mental Health's responsibilities concerning Alzheimer's disease and other dementia, as also outlined in Sections 41-4-1 et seq. of the Mississippi Code of 1972, Annotated.)

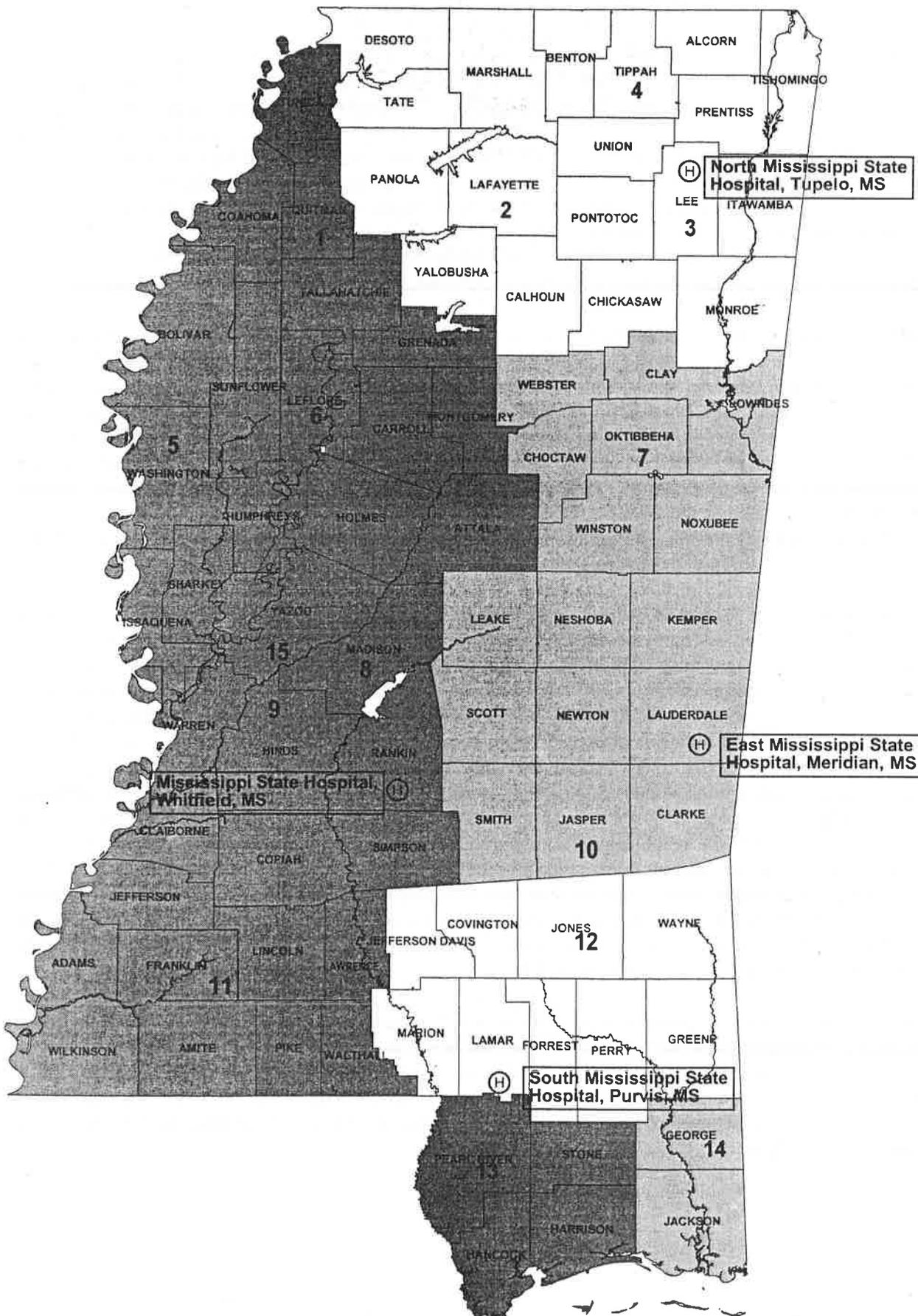
The network of services comprising the public system is delivered through three major components:

**State-operated facilities** The four state psychiatric facilities (see map, p. 4 and list, p. 5), the five regional facilities (see map, p. 6 and list, p. 7) and the juvenile rehabilitation center for persons with developmental disabilities 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 information regarding other Department of Mental Health facilities.

**Regional community mental health/mental retardation centers** operate under the supervision of regional commissions appointed by county boards of supervisors comprising their respective service areas. The 15 regional centers make available a range of community-based mental health, substance abuse and mental retardation/developmental disabilities services (see map, p. 8 and list, pp. 9-10). 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 Regional Psychiatric Facilities Locations and Service Areas



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

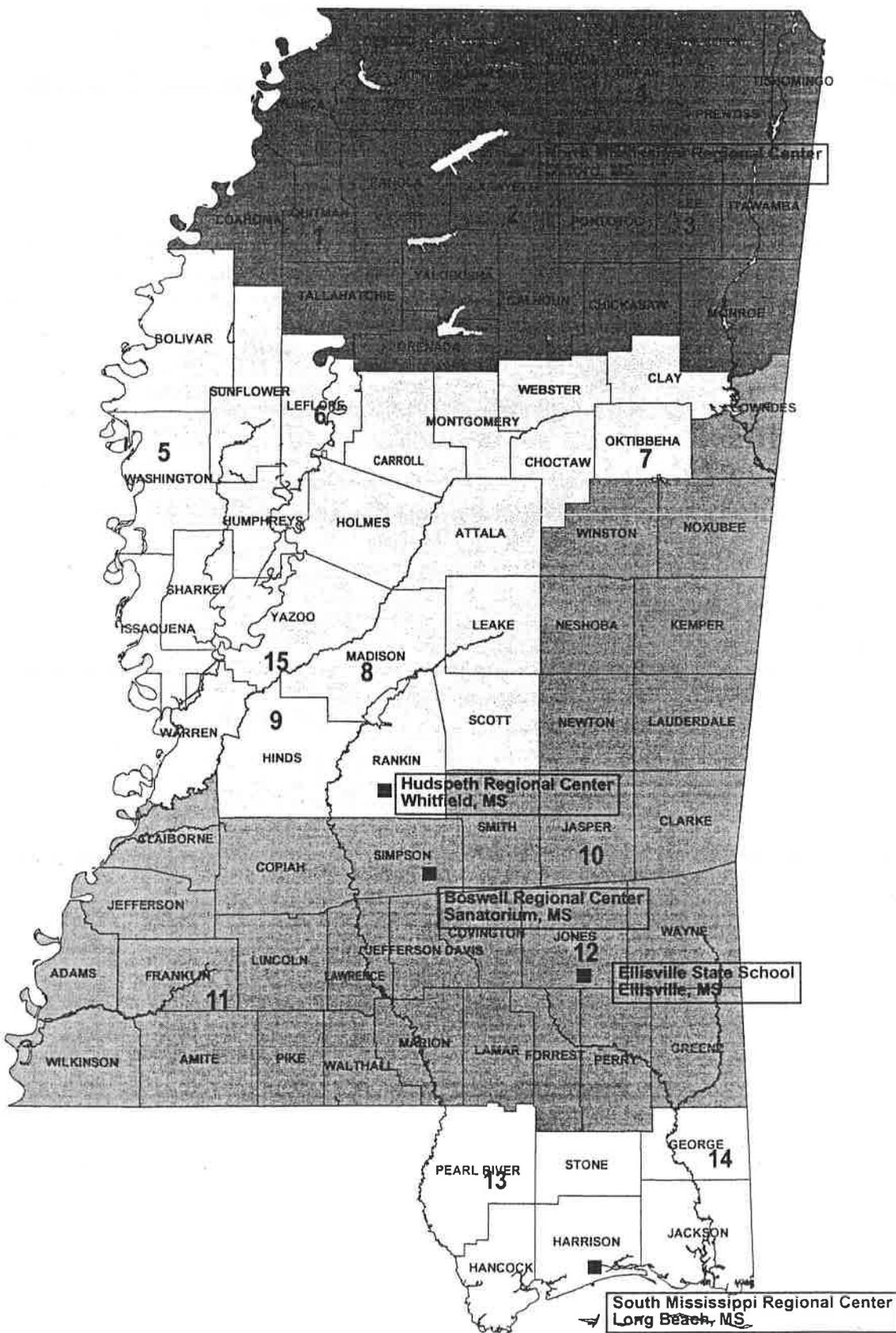
East Mississippi State Hospital  
Ramiro Martinez, M.D., Director  
P. O. Box 4128  
West Station  
Meridian, MS 39304-4128  
(601) 482-6186

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

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

South Mississippi State Hospital  
Wynona Winfield, Director  
823 Highway 589  
Purvis, MS 39475  
(601) 794-4211

# Mississippi Department of Mental Health Regional Facilities for Persons with Developmental Disabilities--Locations and Service Areas



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

Boswell Regional Center  
Raymond Johnson, Director  
P. O. Box 128  
Sanatorium, MS 39112  
(601) 867-5000

Ellisville State School  
Suzie Lassiter, Ph.D., Director  
1101 Highway 11 South  
Ellisville, MS 39437  
(601) 477-9384

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

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

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



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

<p>Region 1: Coahoma, Quitman, Tallahatchie, Tunica</p>	<p>Region One Mental Health Center Newton B. Dodson, Executive Director 1742 Cheryl Street P. O. Box 1046 Clarksdale, MS 38614 (662) 627-7267</p>
<p>Region 2: Calhoun, DeSoto, Lafayette, Marshall, Panola, Tate, Yalobusha</p>	<p>Communicare Michael D. Roberts, Ph.D., Executive Director 152 Highway 7 South Oxford, MS 38655 (662) 234-7521</p>
<p>Region 3: Benton, Chickasaw, Itawamba, Lee, Monroe, Pontotoc, Union</p>	<p>Region III Mental Health Center Drue Sutherland, Executive Director 2434 South Eason Boulevard Tupelo, MS 38801 (662) 844-1717</p>
<p>Region 4: Alcorn, Prentiss, Tippah, Tishomingo</p>	<p>Timber Hills Mental Health Services Charlie D. Spearman, Sr., Acting Executive Director 601 Foote Street P. O. Box 839 Corinth, MS 38835-0839 (662) 287-4424</p>
<p>Region 5: Bolivar, Issaquena, Sharkey, Washington</p>	<p>Delta Community Mental Health Services Gilbert S. Macvaugh, Jr., Ph.D., Director 1654 East Union Street P. O. Box 5365 Greenville, MS 38704-5365 (662) 335-5274</p>
<p>Region 6: Attala, Carroll, Grenada, Holmes, Humphreys, Leflore, Montgomery, Sunflower</p>	<p>Life Help Madolyn Smith, Executive Director 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 Jackie Edwards, Executive Director 302 North Jackson Street P. O. Box 1188 Starkville, MS 39760-1188 (662) 323-9261</p>



Region 8: Copiah, Madison, Rankin, Simpson	Region 8 Mental Health Services Dave Van, Executive Director 613 Marquette Road P. O. Box 88 Brandon, MS 39043 (601) 825-8800 (Service); (601) 824-0342 (Admin.)
Region 9: Hinds	Jackson Mental Health Center Margaret L. Harris, Director 969 Lakeland Drive St. Dominic Hospital Jackson, MS 39216 (601) 364-6103
Region 10: Clarke, Jasper, Kemper, Lauderdale, Leake, Neshoba, Newton, Scott, Smith	Weems Community Mental Health Center Emry Kennedy, Executive Director 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 H. Raymond Wallace, Executive Director 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 Jerry Mayo, Executive Director 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 Jeffrey L. Bennett, Executive Director 1600 Broad Avenue Gulfport, MS 39501-3603 (228) 863-1132
Region 14: George, Jackson	Singing River Services Sherman Blackwell, II, Executive Director 3407 Shamrock Court Gautier, MS 39553 (228) 497-0690
Region 15: Warren, Yazoo	Warren-Yazoo Mental Health Services Steve Roark, Executive Director 3444 Wisconsin Avenue P. O. Box 820691 Vicksburg, MS 39182 (601) 638-0031

## DEPARTMENT OF MENTAL HEALTH RESOURCES

### Financial Resources

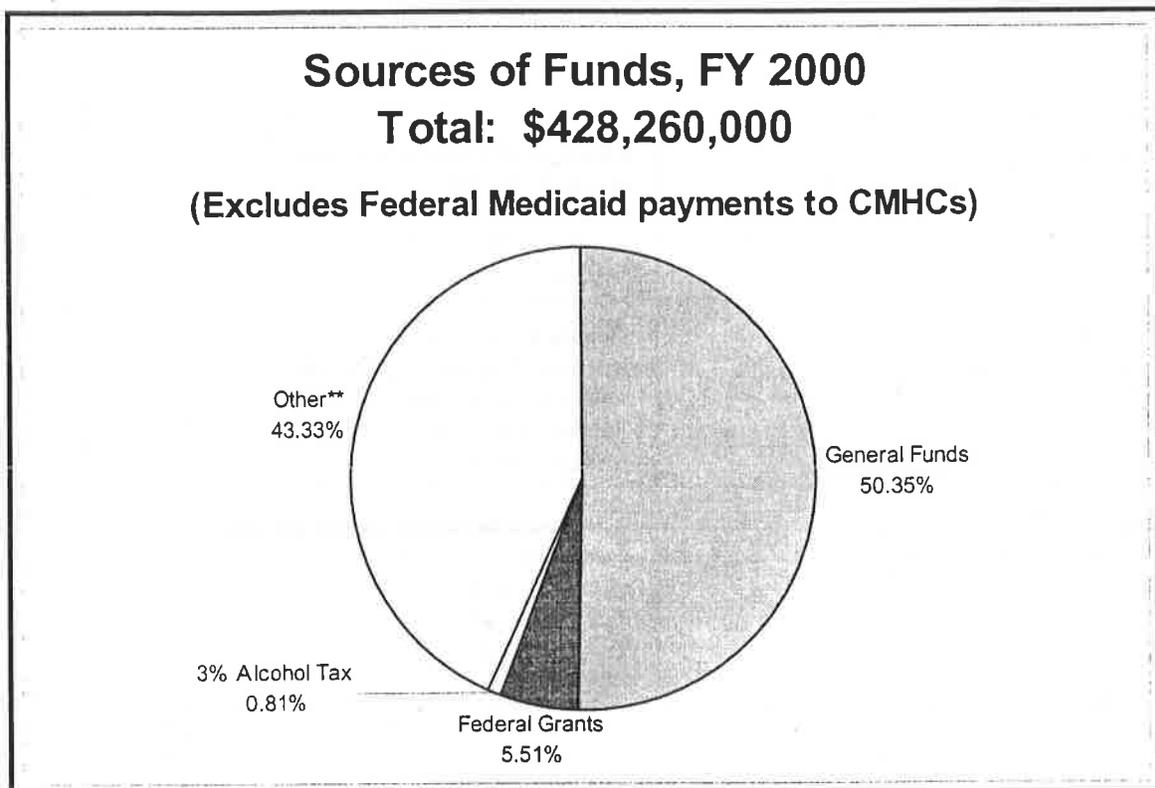
In Fiscal Year 2000, Department of Mental Health expenditures for mental health, alcohol/drug abuse, and mental retardation services totaled \$428,260,000, up from \$375,599,000 expended in Fiscal Year 1999. These resources included both state funds and funds from other sources, primarily from the federal level, but exclude the federal share of Medicaid funds drawn by regional community mental health centers (CMHCs). Table 4a and Figure 4a provide a breakdown of revenues excluding federal Medicaid payments to CMHCs, while Table 4b and Figure 4b (page 12) include these payments.

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

	1997		1998		1999		2000	
	%	Amount	%	Amount	%	Amount	%	Amount
<b>General Funds</b>	51.53%	159,318,000	52.01%	174,144,000	52.07%	195,589,000	50.35%	215,625,000
<b>Federal grants</b>	6.99%	21,617,000	6.03%	20,190,000	5.65%	21,212,000	5.51%	23,599,000
<b>3% alcohol tax</b>	1.08%	3,340,000	.99%	3,300,000	.92%	3,449,000	.81%	3,484,000
<b>Other**</b>	40.40%	124,905,000	40.97%	137,160,000	41.36%	155,349,000	43.33%	185,552,000
<b>Total</b>	100%	309,180,000	100%	334,794,000	100%	375,599,000	100%	428,260,000

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

**Figure 4a:** Sources of Funds, FY 2000- excluding federal Medicaid payments to CMHCs

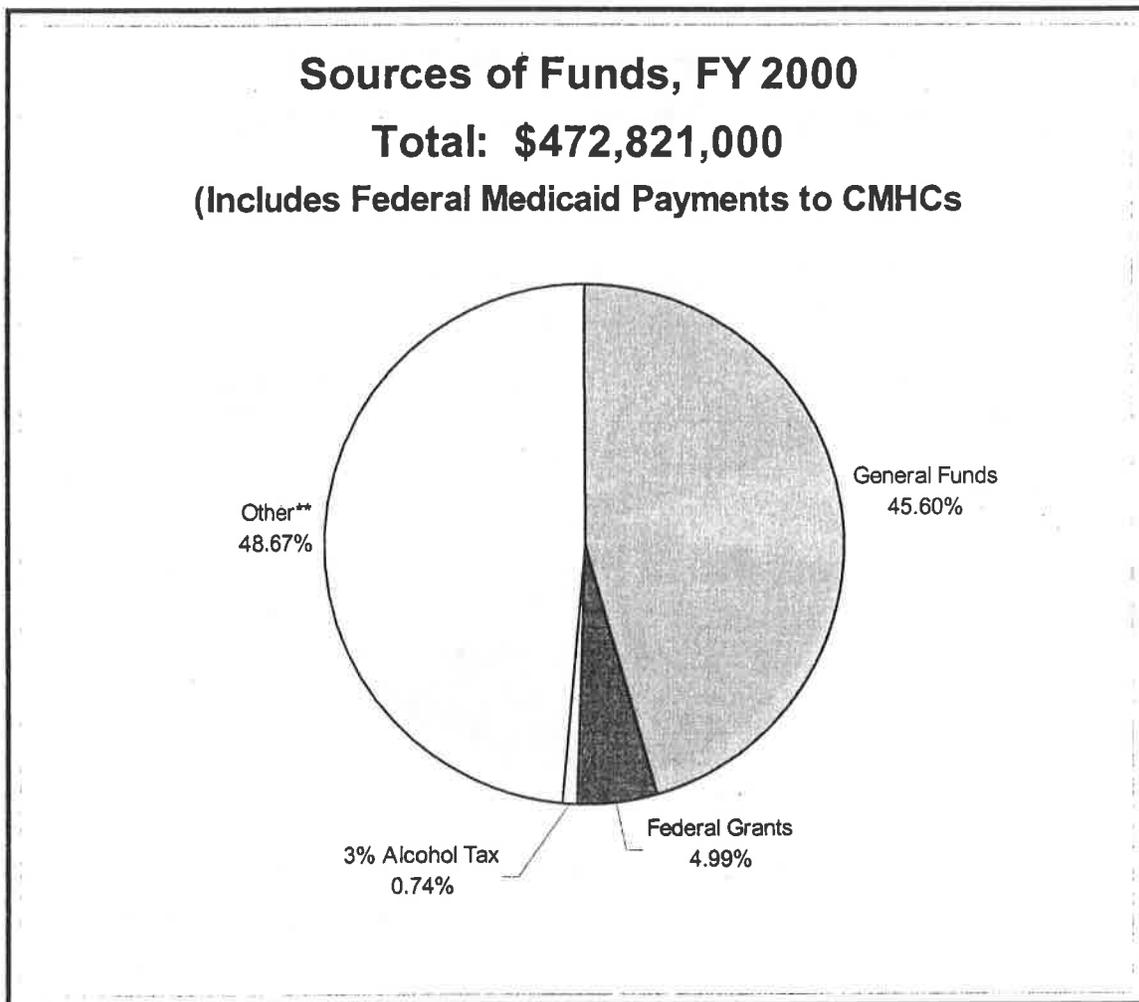


**Table 4b: Sources of funds - including federal share of Medicaid to CMHCs**

	1997		1998		1999		2000	
	%	Amount	%	Amount	%	Amount	%	Amount
<b>General Funds</b>	46.99%	159,318,000	47.18%	174,144,000	47.09%	195,589,000	45.60%	215,625,000
<b>Federal grants</b>	6.38%	21,617,000	5.47%	20,190,000	5.10%	21,212,000	4.99%	23,599,000
<b>3% alcohol tax</b>	0.99%	3,340,000	.89%	3,300,000	.83%	3,449,000	.74%	3,484,000
<b>Other**</b>	45.65%	154,764,000	46.46%	171,467,000	46.98%	195,137,000	48.67%	230,113,000
<b>Total</b>	100%	339,039,000	100%	369,101,000	100%	415,387,000	100%	472,821,000

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

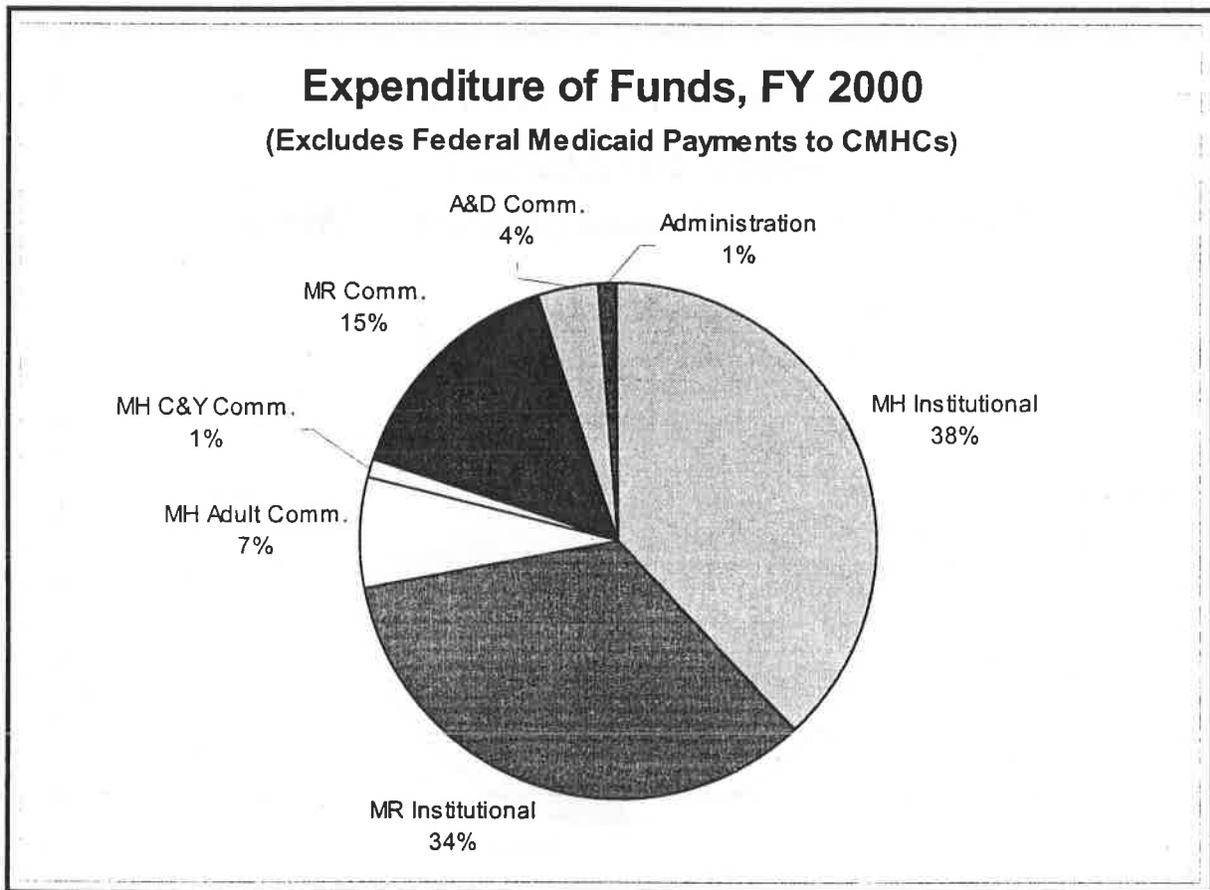
**Figure 4b: Sources of Funds, FY 2000- including federal Medicaid payments to CMHCs**



**Table 5a:** Each dollar expended by the Department (FY 1997 - FY 2000), excluding federal Medicaid funds drawn by the CMHCs, generated services to Mississippians in the following proportions:

	FY 2000	FY 1999	FY 1998	FY 1997
Mental Health - Institutional	\$0.38	\$0.38	\$0.39	\$0.39
Mental Retardation - Institutional	0.34	0.33	0.35	0.36
Mental Health - Community	0.07	0.07	0.09	0.08
Mental Retardation - Community	0.15	0.16	0.11	0.11
Alcohol and Drug - Community	0.04	0.04	0.04	0.04
Children and Youth - Community	0.01	0.01	0.01	0.01
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

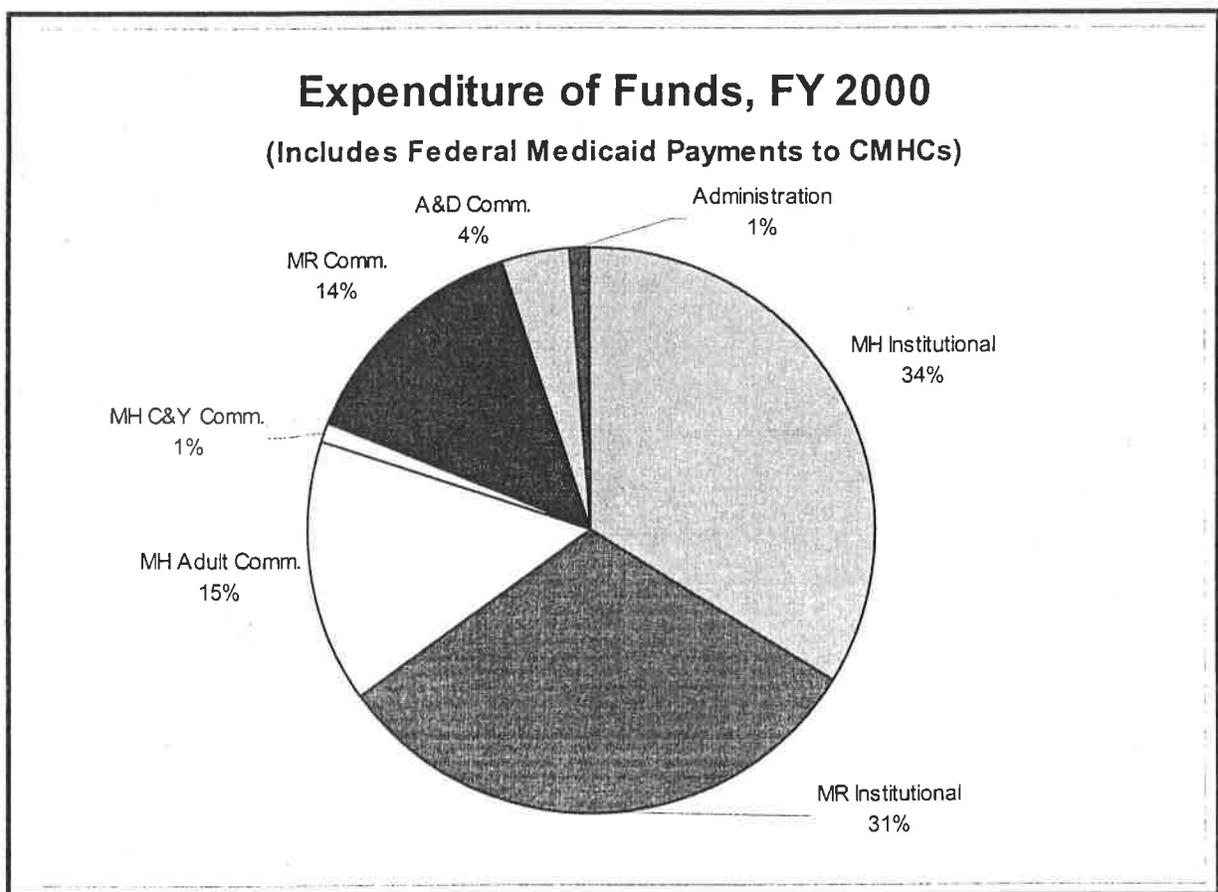
**Figure 5a:** Expenditure of Funds, FY 2000 - excludes federal Medicaid payments



**Table 5b:** Each dollar expended by the Department (FY 1997 - FY 2000) including federal Medicaid funds drawn by CMHCs, generated services to Mississippians in the following proportions:

	FY 2000	FY 1999	FY 1998	FY 1997
Mental Health - Institutional	\$0.34	\$0.34	\$0.35	\$0.35
Mental Retardation - Institutional	0.31	0.30	0.32	0.33
Mental Health - Community	0.15	0.15	0.17	0.16
Mental Retardation - Community	0.14	0.15	0.09	0.09
Alcohol and Drug - Community	0.04	0.04	0.04	0.04
Children and Youth - Community	0.01	0.01	0.02	0.02
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

**Figure 5b:** Expenditure of Funds, FY 2000- includes federal Medicaid payments



## **Human Resources**

A total of 9,556 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 2000. The total number of authorized positions in full-time equivalents (FTEs) for FY 2000 was 9,491. (See Table 6 on next page.) Funds appropriated to the Department of Mental Health for personnel for FY 2000 were sufficient to pay for approximately 85% to 88% or 8,100 to 8,400 of its authorized positions.

Table 6 MISSISSIPPI DEPARTMENT OF MENTAL HEALTH AUTHORIZED POSITIONS, Fiscal Year 2000

	Permanent			Time Limited			Grand Total
	Full Time	Part Time	Total	Full Time	Part Time	Total	
Comprehensive Regional Psychiatric Facilities:							
Central Mississippi Residential Center	32	0	32	5	0	5	37
East Mississippi State Hospital	1,303	6	1,309	121	0	121	1,430
Mississippi State Hospital	2,761	11	2,772	219	0	219	2,991
North Mississippi State Hospital	146	0	146	5	0	5	151
South Mississippi State Hospital	116	0	116	5	0	5	121
Subtotal	4,358	17	4,375	355	0	355	4,730
Comprehensive Regional Retardation Facilities:							
Boswell Regional Center	481	3	484	85	2	87	571
Ellisville State School and Farm	1,472	32	1,504	38	0	38	1,542
Hudspeth Regional Center	833	28	861	48	0	48	909
Mental Retardation Juvenile Rehabilitation Facility	118	0	118	10	0	10	128
North Mississippi Regional Center	776	19	795	94	14	108	903
South Mississippi Regional Center	569	8	577	86	4	90	667
Subtotal	4,249	90	4,339	361	20	381	4,720
Central Office (Includes 3% Alcohol Tax)	75	3	78	28	0	28	106
<b>GRAND TOTAL</b>	<b>8,682</b>	<b>110</b>	<b>8,792</b>	<b>744</b>	<b>20</b>	<b>764</b>	<b>9,556</b>
Full time equivalents (all of full time and half of part time)							9,491



## LEGISLATIVE INITIATIVES IN FY 2000

To better meet the needs of individuals it serves, the following changes to state legislation affecting the Department of Mental Health (DMH) were proposed during the 2000 Regular Session of the Legislature:

### (1) Inappropriate Designations, Commitment Statutes, Sterilization Statutes

#### HB 847

**Proposed:** This bill would have eliminated offensive language and provided updated language regarding Department of Mental Health facilities and procedures. Proposed amendments to commitment statutes would add new facility names to the lists of DMH facilities, make technical amendments, and clarify the location of hearings for patients already committed to DMH facilities. Proposed revisions would also repeal the statutes dealing with the sterilization of persons with mental illness/retardation.

**Outcome:** Died in Conference Committee

### (2) Property Sale

#### HB 1343

**Proposed:** Mississippi State Hospital proposed the sale of property in Jackson, which is deemed to be a liability.

**Outcome:** Passed and Approved by the Governor

### (3) Mental Health Insurance Coverage

HB 194  
HB 655  
SB 3138

**Proposed:** The Department of Mental Health supported legislation for parity in insurance coverage for mental illness, which was addressed in the above three bills.

**Outcome:** All three bills pertaining to mental health insurance died in committee.

## **NEW DEPARTMENT OF MENTAL HEALTH FACILITIES IN THE OPENING, CONSTRUCTION OR PLANNING PHASE**

**Update as of March 2001**

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

### ***For Adults***

1. Funding for a 50-bed inpatient acute psychiatric hospital for adults with serious mental illness in the southern part of the state (South Mississippi State Hospital):
  - located in Purvis, MS
  - construction completed
  - opened: June 2000
  
2. Funding for a 16-bed community-based crisis center, to be operated as a satellite of North Mississippi State Hospital:
  - located in Corinth, MS
  - construction underway
  - anticipated completion: 2001
  
3. Funding for the purchase and renovation of the old Clarke College Property (now the Central Mississippi Residential Center):
  - located in Newton, MS
  - the Central Mississippi Residential Center (formerly the old Clarke College Property) in Newton, MS, is currently being renovated to provide a specialized residential treatment program for adults with long-term, serious mental illness discharged/transferred from the state psychiatric hospitals
  - the provision of some respite capacity for adults with mental illness is also planned
  - projected bed capacity: approximately 168 beds, with 24 of those beds in supervised apartments and 144 beds in group homes (12 beds to a home)
  - anticipated completion of first phase of renovations and operations (which will include approximately 24 apartments and 48 beds for four group homes) is projected in calendar year 2002.
  
4. Funding for a 16-bed community-based crisis center, to be operated as a satellite of the Central MS Residential Center:
  - to be located in Newton, MS
  - construction underway
  - anticipated completion: 2001

5. The 1999 State Legislature authorized construction of seven community-based crisis centers, two of which are described above. The locations of the remaining five crisis centers are as follows: Grenada; Laurel; Cleveland; Brookhaven; and, Batesville.
  - locations identified for all centers
  - anticipated completion for all centers: December 2002

*For Children/Adolescents*

1. Funds for construction of a new 50-bed acute psychiatric and chemical dependency inpatient treatment unit for adolescents to replace the existing adolescent unit at East Mississippi State Hospital in Meridian, MS:
  - to be located in Meridian, near the hospital, behind the MS State University annex
  - construction underway
  - anticipated completion: 2001
2. Funds were granted for pre-planning only, which began in FY 1996 and was completed in FY 1999, for a 60-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.
3. Funding has been granted for a specialized, 50-bed treatment facility for youth who meet commitment criteria for mental illness and are involved with the criminal justice system:
  - to be located in Harrison County, Mississippi
  - construction underway
  - anticipated completion: 2001.

## 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.

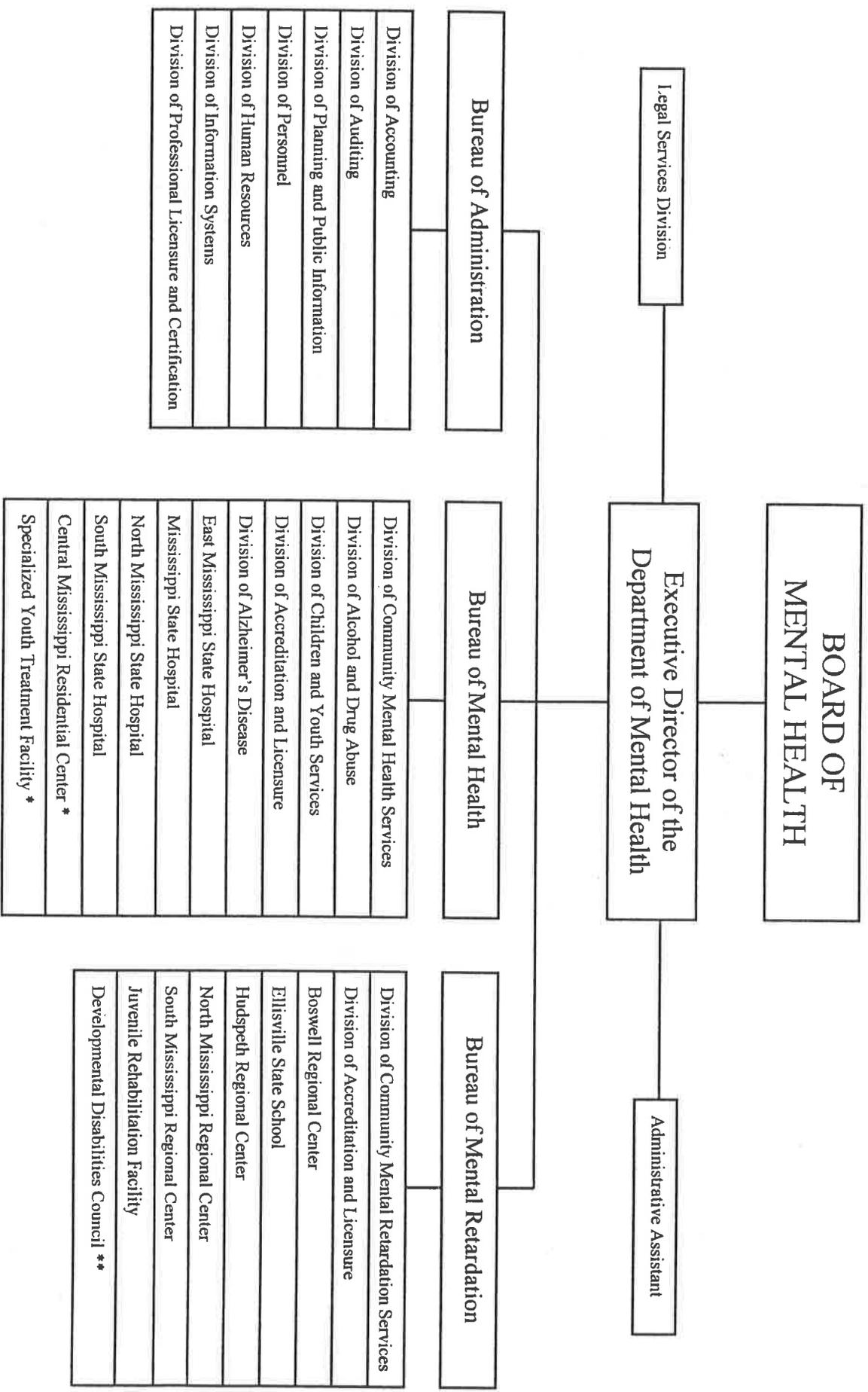
### State Central Office

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 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.** Bureau Chiefs report directly to the Executive Director of the Department. The organization of and accomplishments made in areas of service delivery and administration through these bureaus are summarized in the next three sections of this report.

# MISSISSIPPI DEPARTMENT OF MENTAL HEALTH



\* Under Construction  
 \*\* The Mississippi Department of Mental Health, Bureau of Mental Retardation serves as the Designated State Agency (DSA) for the MS Developmental Disabilities Council.



## **ACCOMPLISHMENTS AND SERVICE HIGHLIGHTS IN FY 2000**

### **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 2000:

#### **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, 1999, and September 30, 1999, 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 67 subrecipients covering 326 grants.

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

#### **INFORMATION SYSTEMS**

**The Division of Information Systems** provides data processing support to the Central Office and is responsible for information systems planning in the Department of Mental Health. In addition, the Director of the Division chairs the quarterly meetings of the institutional data processing managers and works with community providers involved in implementing systems to collect/report data requested/required by DMH and federal funding sources.

During Fiscal Year 2000, the Division of Information Systems undertook a number of initiatives aimed at enhancing the information management capacity of the Department of Mental Health Central Office. One initiative focused on an extensive upgrading of the desktop PC and connectivity infrastructure of the DMH Central Office. A target was set to upgrade all PCs to a minimum configuration consisting of at least a 133 mhz processor, 64 mb of RAM memory, and a 2 gb hard disk. This was the minimum platform deemed necessary in order to run Windows 98 and Windows-based application software effectively.

All PCs with less than 133 mhz processors were either upgraded with new CPUs or else removed from service. Several machines were further upgraded with the installation of CD-ROM units. This upgrade strategy allowed the staff of the Division of Information Systems to install the Y2K compliant Windows 98 2<sup>nd</sup> edition operating system on all desktops, as well as perform necessary PC BIOS (Basic Input / Output Services) upgrades, in advance of January 1, 2000. There were no Y2K associated problems at the DMH Central Office.

A second major infrastructure upgrade accomplished in FY 2000 was related to wiring and connectivity. A strategic decision was made to begin replacing twisted pair wiring with Category 5 wiring necessary to

adequately support Internet and LAN connectivity. Initial Category 5 wiring began on two of the three floors at the Central Office in FY 1999. In FY 2000, the Division of Information Systems contracted for completion of the Category 5 wiring of the DMH Central Office. The installation of a grid of Category 5 wiring and migration to a peer-to-peer network eliminated the need for constant rewiring. It also replaced the problem prone print share devices with a much more reliable system using Windows 98 and printer servers.

Another major improvement made in FY 2000 was the migration of the DMH Central Office to switch-based connectivity. Previously, PCs communicated with each other and with printers via data hubs. This non-shared method of data transfer is obviously faster, but its costs could not be justified until last year. At that time, the Division of Information Systems evaluated the changing costs of hub versus switch technology and found it cost effective to upgrade the DMH Central Office to a totally switched environment. A series of Cisco Catalyst switches were installed on all three floors of the DMH Central Office. These switches were linked with fiber optic cable.

The migration to switch-based connectivity coincided with the installation of a fiber-optic link to the ITS router located in the basement of the Robert E. Lee Building. These improvements allowed the Division of Information Systems to make Internet services available to every DMH Central Office employee while providing a 175x increase in access speed.

The provision of Internet access to each employee also provided a means to install an organizational email system. The Division of Information Systems evaluated the various email service options and decided to contract with USA.NET, a company that specializes in business oriented Internet-based email services. Email services were made available to all DMH Central Office staff by the end of FY 2000. One significant advantage of opting for an Internet-based email service is that DMH Central Office employees, who are often out in the field, can access their email from any Internet connected PC.

The Division of Information Systems entered into a business relationship with New Horizons of Jackson to provide software applications training for DMH Central Office employees. New Horizons offers classroom training in a modern facility in north Jackson. Employees who attend New Horizons classes receive instruction based on a standardized curriculum. In addition, they receive a detailed training manual that parallels the classroom course content. For a period of six months after attending a New Horizons class, employees can return to the training center and repeat the class at no additional cost. During FY 2000, the Division of Information Systems arranged for 38 DMH Central Office employees to attend a total of 44 training sessions at New Horizons.

In FY 2000, the Division of Information Systems drafted a set of information policies several months prior to the introduction of widespread Internet and email services. The DMH Central Office policies were based, in part, on policies developed by the Mississippi Department of Information Technology Services and those of several DMH facilities. The draft DMH Central Office information systems policies were presented to the Board of Mental Health for discussion. A final set of information systems policies were signed by the DMH Executive Director in May, 2000, and were distributed to all DMH Central Office employees. In order to receive access to email services, each employee was required to read and sign a statement verifying his/her understanding of the information systems policies.

The DMH Division of Information Systems first drafted and released its *Manual of Uniform Data Standards* in 1993. The *Manual of Uniform Data Standards* defines the items of client data that all DMH certified service providers are required to capture in their data systems, as well as the data codes to be used for each item. The data standards are based upon federal MHSIP (Mental Health Statistics Improvement Program) and TEDS (Treatment Episode Data Set) guidelines.

A new edition of the *Manual of Uniform Data Standards* was released in May, 2000. A significant addition to this new release was a section detailing how data items can be cross walked from the DMH core client data set to a format that complies with ORYX demographic data requirements, as proposed by the D National Association of State Mental Health Program Directors (NASMHP) Research Institute.

Several major application development projects were either initiated or enhanced during FY 2000. In most cases, application development work was done by contracted programmers under the supervision of the Division of Information Systems.

Division of Human Resources - Staff Development Training Records Program: This program is used by all DMH operated facilities to record training events and provide statistical data on this training to the Division of Human Resources on a quarterly basis. In FY 2000, the Division of Information Systems contracted to have the program completely rewritten. The new program operates with a Windows interface and has significantly enhanced abilities to capture details of the components of General Orientation and other training that includes multiple individual courses. The software was developed, tested, and installed at all eleven DMH facilities in FY 2000. By the end of the fiscal year, all DMH facility Staff Development Departments had been trained on the use of the software and were operational on it.

Division of Community Services (Bureau of Mental Retardation) - Home and Community Based Waiver database: This database, initially developed by staff from the Mississippi Department of Information Technology Services under contract to the Department of Mental Health in FY 1999, was significantly enhanced in FY 2000. The database tracks persons enrolled in the Home and Community Based Waiver program and also allows for tracking the number of service units utilized by recipients.

Division of Community Services (Bureau of Mental Retardation) - Community Services Enrollment database: A database has been developed to capture information on all individuals enrolled in community-based services. First designed in FY 1999, this database was significantly enhanced in FY 2000 to capture more detailed information. The availability of this data has greatly increased the ability of the Division to accurately measure and plan for service needs.

Division of Professional Licensure and Certification - PLACE and LPC databases: Major enhancements were made to the PLACE and LPC databases in FY 2000. The Professional Licensure and Certification database maintains information on all DMH employees and other mental health professionals who are enrolled in the agency's certification program. The database tracks vital statistics on each person participating in the program, as well as the credentials they hold, when the credentials were issued, and when the current certification expires. It also allows PLACE staff to record any pertinent information on disciplinary actions taken against an individual. By the end of FY 2000, the database contained information on 883 PLACE certifications.

To insure the security of PLACE exams, the Division contracted for development of a test question bank. This applications program allows certification examinations to be generated from a random set of questions. In FY 2000, the first such test question bank was created for a series of seven (7) examinations associated with administrator certification. Further test question banks will be developed in FY 2001.

The LPC database is a somewhat more simplified version of the PLACE database, in that it tracks only a single licensure: that of Licensed Professional Counselor. In FY 2000, PLACE staff tracked LPC licensure under a contract with the Mississippi State Board of Examiners for Licensed Professional Counselors. The database contains information on 729 persons of whom 615 currently hold LPC licensure.

Division of Alcohol and Drug Abuse - Treatment Episode Data Set database: The federal Substance Abuse and Mental Health Services Administration (SAMHSA) Office of Applied Studies has mandated that service

providers receiving substance abuse related block grant funding submit data concerning individual episodes of treatment. Efforts to get data from Mississippi service providers to the SAMHSA data vendor have been on-going. In the late 1990's, the Division contracted with ITS to develop a PC based database for input of TEDS data. Initially, all treatment episode data was collected on paper forms by the individual service providers and submitted to the Division of Alcohol and Drug Abuse Service for data input. In FY 2000, the Division of Information Systems began installing the software on local systems, allowing the service providers to submit TEDS records to the DMH Central Office on diskette. By the end of FY 2000, the Division of Information Systems had submitted over 25,000 treatment episode records, dating from 1995, to the SAMHSA data vendor.

## **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 2000, the Division of Planning and Public Information continued its activities to coordinate and support development of state plans for services administered and/or provided by the MS Department of Mental Health.

The Division continued coordination and support of ongoing community mental health state planning and reporting activities in accordance with P.L. 102-321, the ADAMHA Reorganization Act (effective July 31, 1992), which reorganized the federal Alcohol, Drug Abuse and Mental Health Administration (including the National Institute of Mental Health) and superseded previous federal state planning laws (P.L. 99-660, as amended by P.L. 101-639). Related activities in FY 2000 included:

- 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, and progress on reports on implementation of state plan objectives and work of the related task forces;
- providing administrative support for Council meetings through preparation 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.

The Division of Planning and Public Information worked with the MS State Mental Health Planning Council, Department of Mental Health staff, community service providers, and federal technical assistance staff to facilitate input into and development of the Mississippi State Mental Health Plan for Children with Serious Emotional Disturbance and Adults with Serious Mental Illness, FY 2000. 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 1999 meeting. The FY 2000 State Plan was submitted as part of the state's application for FY 2000 federal mental health (CMHS) block grant funds by the September 1, 1999, deadline.

The Division designed and disseminated the FY 1999 Annual State Plan Survey, completed by providers of community mental health services funded and certified by the Department of Mental Health. The Division then compiled and edited information from these surveys and DMH Central Office reports to complete the FY 1999 State Plan Implementation Report, which described progress on implementation of objectives in the FY 1999 State Plan. This report was submitted to the Center for Mental Health Services (CMHS) by the December 1, 1999, deadline as part of the FY 2000 CMHS Block Grant Application.

Following submission of the FY 2000 CMHS Block Grant Application, the Division continued state plan and assistance activities with the Planning Council and Department staff, as described above. During FY 2000, as part of these activities, the Division compiled and presented to the Planning Council the Mid-Year Progress Report, which summarized progress to date on the FY 2000 Plan objectives. The Division also coordinated initiation of the process for obtaining Council input into and drafting of the Plan for FY 2001. In addition, the Division continued to provide 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). Additionally, the Division conducted a Planning Council orientation session in February 2000 for new Council members and others interested in attending.

The Division also assisted the Division of Alcohol and Drug Abuse in drafting the Mississippi Department of Mental Health State Plan for Alcohol and Drug Abuse Services, FY 2001.

The Division coordinated the collection of information, then prepared and disseminated the FY 1999 Annual Report for the MS Department of Mental Health. This effort included updating and re-design of various Department of Mental Health service maps which were used in various publications other than the Annual Report.

The Division compiled and presented the 1999 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 an updated version of the Department's factbook, *About the Department of Mental Health*. The Division also assisted the Division of Community Services with the updating and dissemination of a brochure that describes case management services. Additionally, the Division coordinated preparation for updating and re-designing the Department'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.

## PERSONNEL

**The Division of Personnel** is responsible for monitoring the Department of Mental Health's compliance with State Personnel Board requirements and other governmental requirements concerning personnel management. The Division is also responsible for recruiting staff members and evaluating the personnel requirements of programs directly administered by the Department of Mental Health. The Division serves as the primary liaison between Department of Mental Health facilities and the State Personnel Board.

In FY 2000, The Division of Personnel Services worked with DMH bureau chiefs and facility directors in the development of the new job classifications, MH-Active Treatment Technician, Trainee, MH-Active Treatment Technician and MH-Active Treatment Technician, Advanced. These new job classes are designed to more accurately describe the actual job duties of persons performing direct client care to patients/residents of DMH facilities. The MH-Active Treatment Technician job class was designed to enable DMH facilities to recruit more qualified persons to provide direct client services, particularly in those areas where clients exhibit more aggressive behaviors. Persons recruited into the new class and incumbents promoted to the MH-Active Treatment Technician will be required to complete a training program designed to improve their skills in managing aggression in clients. The new job class series includes a career ladder designed to aid in retention of experienced and trained employees. The new job class series was approved by the State Personnel Board and is currently being implemented in all DMH facilities.

Type/Duty/Location pay for nurses was continued for all facilities that had been previously approved in FY 2000 and was added for South Mississippi State Hospital in Purvis.

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

The Division of Personnel Services worked with the directors of facilities in developing the 2001 personal services budget request. The Division of Personnel 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 Center.

The Director of the Division of Personnel 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 Personnel 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.

## HUMAN RESOURCES

**The Division of Human Resources** is responsible for human resource development in the Department of Mental Health. The Division of Human Resources works to increase mental health training opportunities throughout the state and to coordinate special projects in manpower development and recruitment of staff. The Division also provides consultation to all staff development offices at the state facilities and community mental health centers on training issues.

In FY 2000, the Division of Human Resources produced and distributed three Training Events Listings (TEL). Approximately 600 copies were distributed statewide. Also in FY 2000, the Division of Human Resources produced and distributed three newsletters of Library Acquisitions Listings (approximately 300 copies each) in October 1999, April 2000, and July 2000. A yearly bibliography was mailed in January 2000 (approximately 200 copies). The major categories of audiences targeted included: directors and staff development directors of state facilities; directors and staff training coordinators in the community mental health/mental retardation centers, other state agencies and human resource organizations, and the Depository Libraries in Mississippi through the Mississippi Library Commission. Documentation is on file in the Division of Human Services.

The Division of Human Resources offered continuing education through the following professional affiliations: National Association of Social Workers; Nursing Home Administrators; Certified Public Management; National Board of Certified Counselors; MS Association of Alcohol and Drug Abuse Counselors; MS Nurses Foundation; Commission on Rehabilitation Counselors; Commission on Case Managers; Department of Mental Health, Mental Retardation Therapists and Administrators; University of Southern Mississippi; and, American Psychological Association. During the past year the Division has become an approved provider of continuing education for the American Psychological Association, the National Association of Alcohol and Drug Abuse Counselors, the National Board of Certified Counselors, Marriage and Family Therapists (the Mississippi Board of Examiners for Social Workers and Marriage and Family Therapists), and nursing through the Mississippi Nurses Foundation. The total number of applicants receiving continuing education was 727. The Division of Human Resources provided consultation and/or co-sponsorship to 14 seminars in FY 2000.

### **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 employed or funded by the Department of Mental Health not already professionally licensed. 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, 2000, approximately 318 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 507 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. Of the seven written examinations required for this credentialing program, five had been developed and standardized as of June 30, 2000. By the fiscal year's end (FY 2000), approximately 56 individuals had been admitted into the LMH/MRA program.

Other important tasks accomplished by the Division of PLACE in FY 2000 included the following: 1) gathering of initial information and data for the future development of a Department of Mental Health case management certification program; 2) completion of the biennial renewal process for approximately 360 Mental Health Therapists; 3) completion of the annual renewal process for approximately 600 Licensed Professional Counselors; 4) production and distribution of the FY 2000 directory of Licensed Professional Counselors; 5) continued redesigning the application process for the Board of Examiners for Licensed

Professional Counselors; and, 6) revision and printing of the *Rules, Regulations, and Application Guidelines for the Mental Retardation Therapist Program*.

During FY 2000, at the request of various individuals and programs, PLACE staff distributed approximately 130 application booklets for Department of Mental Health professional certification and licensure programs and approximately 250 Licensed Professional Counselor application packets.

## **ACCOMPLISHMENTS AND SERVICE HIGHLIGHTS THROUGH THE BUREAU OF MENTAL HEALTH IN FY 2000**

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 and office that are involved primarily with community services offered through the Department. This section of the annual report describes accomplishments made in Fiscal Year 2000 through these divisions, office and facilities.

### **COMMUNITY PROGRAM MONITORING AND CERTIFICATION**

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

Specific duties of the Division of Accreditation and Licensure for Mental Health include:

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

- Coordinating the peer review/quality assurance teams, implemented in fiscal year 2000, which may review community programs operated and/or funded through the DMH. Peer review/quality assurance teams consist of consumers, family members and other service providers; and,
- The Director of the Division of Accreditation and Licensure for Mental Health also serves as Chapter Director for the National Coalition Building Institute (NCBI) MS Chapter. This group meets monthly and provides training in prejudice reduction and conflict resolution.

**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. 3-10 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. 22 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 and staff development that may be necessary for the program to provide appropriate services. In the area of human services, written policies and procedures are reviewed with regard to environment/safety, serious incidents reports and records, clients' rights, confidentiality, case records management and record-keeping and medication control, transportation of clients and physical facility standards for community residential programs. Also, service staff are interviewed, and client records are reviewed to further determine the adequacy and appropriateness of the service delivery system of the program.

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 make follow-up visits to ensure that programs with deficiencies have implemented the approved plans to correct those deficiencies. A review visit is conducted 45-90 days after the plan of correction has been approved to ensure continued record-keeping compliance.

During Fiscal Year 2000, the Department of Mental Health staff (including mental health and mental retardation) conducted a total of 40 certification reviews for compliance with state standards in the following service areas:

• Division of Children and Youth (mental health)	3
• Division of Alcohol and Drug Abuse	20
• Division of Community Mental Retardation Services	5
• Division of Community (Mental Health) Services	<u>12</u>
<b>Total</b>	<b>40</b>

## Site Review

When a site review is performed, Department staff review primarily the service delivery operations of a community program or center. Programs or centers are certified for a two-year period. A site review is an interim review conducted one year after the full certification review to determine continued compliance with the service delivery or client-related requirements in the Minimum Standards for Community Mental Health/Mental Retardation Services. In addition to the service areas and client records review, the human services portion of the program, including environment, clients' rights, confidentiality, case records management, and record keeping 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 2000, Department of Mental Health staff (including mental health and mental retardation) conducted a total of 103 record monitoring and site reviews in the following service areas:

- |   |           |
|---|-----------|
| • Division of Children and Youth (mental health)    | 34        |
| • Division of Alcohol and Drug Abuse                | 15        |
| • Division of Community Mental Retardation Services | 33        |
| • Division of Community (Mental Health) Services    | <u>21</u> |

<b>Total</b>	<b>103</b>
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## Minimum Standards

During FY 2000 the Division of Accreditation and Licensure for Mental Health coordinated review and development of proposed additions to the Department of Mental Health Minimum Standards for Community Mental Health/Mental Retardation Services.

## CONSTITUENCY SERVICES

**The Office of Constituency Services**, located in the state central office, continued activities to document, investigate and resolve complaints/grievances regarding programs and services operated and/or certified by the Department of Mental Health. The operation of the 24 hours a day, seven days a week toll-free telephone line for reporting complaints/grievances continued in FY 2000. The OCS expanded and revised a comprehensive database, which includes information about all DMH-certified programs that can be readily accessed by OCS staff in assisting callers who need information about services in the area.

In FY 2000, the Office of Constituency Services continued quarterly meetings with an advisory council formed in FY 1999, which includes family, consumer, and service provider representatives of all major service areas administered by DMH (mental health, substance abuse, and mental retardation/developmental disabilities). OCS staff also met regularly with the Consumer Rights Committee of the MS State Mental Health Planning Council to obtain input on development and implementation of grievance reporting and resolution procedures. Revisions to the DMH Minimum Standards have also been proposed to address access to the new office's services (in sections on rights of individuals receiving services and on grievance processes).

The Office of Constituency Services disseminated information statewide regarding the availability of their services, including its toll-free telephone number. Public awareness activities included presentations at the statewide conference organized by consumers, as well as at a conference attended by most community mental health providers; dissemination of brochures and posters with the OCS toll-free number; and, publication of press releases regarding the OCS and its toll-free number.

## SERVICES FOR INDIVIDUALS WITH ALZHEIMER'S DISEASE AND OTHER DEMENTIA

**The Division of Alzheimer's Disease and Other Dementia**, located in the state central office, along with satellite offices in Hattiesburg, Long Beach and Meridian, is responsible for development and maintenance of adult day programs for individuals with dementia. The division is also responsible for coordinating counseling, education and training for family members, caregivers and service providers of individuals with Alzheimer's disease and other forms of dementia.

Senate Bill 2200, which passed during the 1998 Legislative session, called for "the development and implementation of state plans for the purpose of assisting with the care and treatment of persons with Alzheimer's disease and other dementia." The plan was to include "education and training of service providers, care-givers in the home setting and others who deal with persons with Alzheimer's disease and other dementia, and development of adult day programs, family respite care and counseling programs to assist families who maintain persons with Alzheimer's disease and other dementia in the home setting."

As a result of Senate Bill 2200 and the needs it addressed, the Division of Alzheimer's Disease and other Dementia was formed. The division formed a state planning council comprised of care-givers, professionals and service providers, as well as representatives from the Division of Medicaid, the State Department of Human Services, the State Department of Health and the Governor's Office. Additional projects that were initiated included development of two adult day programs that are to serve as pilot programs for the state and development of a statewide training curriculum for care-givers and service providers.

During FY 2000, the two adult day programs described above were funded and scheduled to begin operation early in FY 2001. The programs are located in Newton and Greenwood. Division staff conducted over 100 hours of training during FY 2000.

## 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. 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. 3-10 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 2000. This section of the annual report summarizes progress and special initiatives in service areas addressed in that plan. The state plan for community mental health services is based on an ongoing cooperative effort by the Department and the Mississippi State Mental Health Planning Council, who work together to implement objectives, monitor progress, assess needs and update the plan on an annual basis. The plan also is based on federal requirements for community mental health state plans and thus covers the federal fiscal year period (October 1-September 30). (See Bureau of Administration, Division of Planning and Public Information, pp. 25-26 of this report.)

### Community-Based Mental Health Services for Adults

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

All 15 regional community mental health centers provide a minimum number of mental health services, called "core services." These core services are described later in this section. Some centers may also offer additional or specialized services, depending on the needs and resources in their respective areas. These services must meet Department of Mental Health minimum standards. (See Community Program Monitoring and Certification, pp. 29-31 of this report.)

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

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

## **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 develop 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, outpatient services, day treatment, crisis intervention, case management, and a variety of community living programs. Recognizing that children with mental health problems may have multiple needs, a comprehensive system of care would also involve access and coordination of services provided through other child and family service agencies (sometimes with flexible funding across these agencies), both at the state and local levels. The intent of having such a system in place is to provide the most appropriate type of service needed by the child or adolescent as close as possible to his/her home and family so that the family may be included in service delivery. Having a range of appropriate services in place that are accessible will prevent inappropriate institutionalization, which could result from inaccessibility to and/or the lack of appropriate services in communities.

## **PROGRAM DESCRIPTION AND SERVICE HIGHLIGHTS/PROGRESS IN FY 2000 COMMUNITY MENTAL HEALTH SERVICES FOR ADULTS**

### **CORE SERVICES**

Core Services are those services that regional community mental health/mental retardation centers (CMHCs) are required to make available under the Department of Mental Health certification standards. The 9 core services provided through the CMHCs in FY 2000 are described below. In FY 2000, the public community mental health system served 36,934 adults with serious mental illness.

#### **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.

Efforts to increase availability of medical services/supports in the community and to improve continuity of medical services across CMHCs and the hospitals continued in FY 2000. Additional state funds were requested and appropriated for medical staffing at CMHCs to improve availability of physician services to programs serving adults and children. The DMH budget for FY 2000 also included increased funds for psychotropic medication purchases for individuals served by CMHCs.

In FY 2000, the number of adults with serious mental illness who received outpatient individual, group or family therapy through the public community mental health system was 26,637. The number of adults with serious mental illness who were reported by CMHCs to have received medication evaluation and monitoring services during FY 2000 was 24,705.

#### **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 2000, 16 psychosocial rehabilitation programs were continued. Statewide, within these 16 programs were 67 clubhouse sites, through which a total of 4,212 individuals were served during the year.

In FY 2000, the Clubhouse Task Force continued to meet to evaluate and recommend appropriate changes within the current clubhouse model. This workgroup assisted in the coordination of Regions 5, 8, 13, 14 and the MS State Hospital Community Services Division participating in a three-week training at the International Center for Clubhouse Development (ICCD) training site in Greenville, South Carolina. Of the three original pilot sites, Friendship Center in Region 6 (Life Help) has received a one-year ICCD certification.

In FY 2000, there were 111 transitional employment sites within the 16 clubhouse programs (in all 15 regions). A total of 153 consumers with serious mental illness were served in transitional employment in FY 2000. In addition to this total, there were 199 individuals with serious mental illness served within the supportive employment program.

Examples of specific vocational/employment/educational services provided to adults with serious mental illness, in addition to or in conjunction with vocational rehabilitation services and in consumer education programs in FY 2000, included: job placement, job training, work assessment, job referral, transitional employment, supported employment, college/vocational assistance, volunteer work, an apprenticeship program, a GED program, Allied Enterprises workshop, skill training, Safe Serve (through county Extension office), evaluation (including long-term assessment center), independent living, vocational training, specialized employment services, job search assistance, employment for visually impaired, and placement for work with local business. The CMHCs and the Community Services Divisions of the two larger state hospitals continued linkages with a variety of agencies in local communities that made these services available. Examples of individual agencies providing these types of support services included: MS Department of Rehabilitation (including the Office of Vocational Rehabilitation), local community colleges, Allied Enterprises, the MS Department of Human Services, MS Employment Service, Goodwill Industries, JTPA, City of Jackson, Vocational-Technical Schools, private businesses (HAM Marine Training, Ingalls Shipbuilding, Target, and Shoney's), Job Corps, and the Recruitment and Training Program of Mississippi.

### **Consultation and Education Services**

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

Examples of specific consultation/education activities and outreach efforts provided at the local level by individual CMHCs and the Community Services Divisions of the two larger state hospitals in FY 2000 to inform the community and special groups about mental illness and/or services available included: an outreach program for the clubhouse program; work with interagency groups, and other health and social service providers in the area; collaboration with area hospitals, private practice physicians, local social service nonprofit agencies for education/referral; regular contact by county office staff with Chancery Clerks, MS Department of Human Services staff, public housing authorities, county health departments and other community agencies; visits to vulnerable adults in city/county jails; training provided to law enforcement; emergency staff work with physicians, lawyers, court personnel, and police to increase awareness; participation in county health fairs at hospitals and clinics; presentations at nutrition centers for elderly persons; provision of seminars to area colleges and nursing schools; participation in interagency councils; speeches at civic clubs on mental health; public health announcements on television and radio and in newspapers; provision of brochures; news articles; participation in school functions; participation in Project Homestead; TV interviews; mental health awareness activities for a local shelter, vocational rehabilitation staff, and other community service providers; posting of a toll-free assistance line number; hosting of National Depression and National Anxiety Awareness Days; operation of a drop-in clinic at a

local food program; networking with a local shelter; provision of mental health/substance abuse education programs, upon request, such as to civic groups, EAPs, and law/court systems; work with Family to Family and BRIDGES programs; contact with consumers at state psychiatric hospitals for continuity of care after discharge; conducting/participating in education/health fairs; tours of programs; presentation to local law enforcement recruits; regular visits to city shelters, soup kitchens, and mobile workshops for homeless persons, providing mental health education, art, writing and meditation workshops.

### **Case Management**

Case Management is a system designed to facilitate access to services for individuals who meet the criteria of serious mental illness and who reside in the community or are preparing for discharge from a state psychiatric hospital. The case management system promotes the coordination of efforts among the community mental health centers, state psychiatric facilities, and other service delivery agencies and the community at large to assure that consumers are provided with necessary support services. In FY 2000, 16,329 adults with serious mental illness received case management services. There were 371 case managers statewide.

In FY 2000, providers continued to be required by the *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 2000, the Department of Mental Health continued to work with the Case Management Task Force toward the complete implementation of the "Level System of Case Management." All 15 regional CMHCs have implemented intensive case management services, which combine smaller caseloads with more experienced staff to provide augmented services to those consumers in crisis. This program is designed to increase the diversion rate from the state psychiatric hospitals. Life Help, Region 6, received funding from the DMH for operation of an Assertive Community Treatment Program (ACT). Presently, the ACT program in Region 6 is the state's pilot program. The Department of Mental Health is continuing to work with the Division of Medicaid, requesting reimbursement for this service.

In FY 2000, as in previous years, the DMH again disseminated case management brochures for their distribution to individuals with serious mental illness who are receiving Medicaid and are served through the public community mental health system and for other outreach efforts. The brochures, which are available throughout the year for case management outreach activities, are designed to inform individuals about the availability and general nature of mental health case management services.

### **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.

During FY 2000, the CMHCs continued to utilize the revised Pre-Evaluation Screening document disseminated for implementation in February, 1999. Based upon documented reports from the four state psychiatric facilities and verbal responses from certified pre-evaluation screeners throughout the state, the revised form continues to be positively received, that is, it is perceived to be more user friendly, it continues to decrease the duplication of information reported, and it continues to include the information needed for the courts, physicians and potential treatment facility staff in a more sequential manner. Reportedly, the revised document continues to facilitate the collection and reporting of accurate information about individuals served through the pre-evaluation screening process.

### **Inpatient Referral**

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

### **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. New comprehensive crisis service options are described on pages 42-43.

In FY 2000, each regional community mental health center and the community services divisions of the two larger state hospitals submitted to the DMH a copy of their policies and procedures that address the provision of 24 hour a day, 7 days a week emergency/crisis services. During the fiscal year CMHCs and the community services divisions of the two larger state hospitals reported a total of 6,737 emergency telephone contacts and 4,182 emergency face-to-face contacts.

### **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 the first part of FY 2000, the program was characterized by a period of transition, from the initial family member director through interim direction by another family-based organization until DMH's more permanent restructuring of the program with other family member directors in April, 2000. This restructuring has focused on re-establishment of local family education programs. The restructuring also has as a goal to make this service available in as many places as possible, regardless of the number of individuals who participate. Since the restructuring of the program, the DMH anticipates an increase in both the scope of availability and the number of participants in local Family to Family education/support groups.

During the five and one-half months in FY 2000 since the new directors have been active, a total of 42 Family-to-Family support groups were functional, serving 264 individuals. A total of 19 Family-to-Family Education courses were offered in CMHC Regions 3, 5, 9, 10, 12, and 15, with a total of 89 participants during this approximately one-half year period. The DMH continues to support the implementation of the Family-to-Family Education Program.

## 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 2000, the BRIDGES (consumer-run education) program reported providing consumer education/support group services within 14 and 15 regional CMHCs. In one of the 15 regions, two individuals were selected to participate in the BRIDGES Train-the-Trainer session, but were unable to participate due to conflicts with the scheduled training date. Consequently, in FY 2000, there was no individual in that region to provide consumer education. These individuals are expected to receive training at the next session in FY 2001. A total of 26 consumer education groups, through which 3,120 individuals were served, and 15 support groups were available (and continued after the conclusion of the education component).

## COMMUNITY-BASED HOUSING OPTIONS

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

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

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

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

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

In FY 2000, a capacity of 70 placements were maintained in three transitional living facilities, which are located in Greenwood (Region 6), Jackson (MSH Community Services), and Meridian (EMSH Community Services). As of September 30, 2000, 166 individuals were served through these programs.

In FY 2000, there were 24 group home sites, with 244 placements available and 650 individuals with serious mental illness served.

Additionally, part of Mississippi's FY 2000 CMHS Block Grant increase was allocated to a community mental health center serving a nine-county region in the southern part of the state (Region 12) to provide additional community living options for individuals with serious mental illness. This funding was used as partial support for the development of 15 community residential services beds to be developed by the CMHC in Region 12.

This CMHC also serves the area served by the new 50-bed acute psychiatric hospital for adults, the South MS State Hospital, and includes an area to be served by a new state crisis center (that is in the planning stages). Close coordination of the services of the South MS State Hospital with the community mental health centers in the area is a vital component of planning for continuity of care before and after discharge by the hospital.

In FY 2000, the Community Residential Services Task Force, which was formed to address statewide housing issues for adults with serious mental illness, met on May 1, 2000. The Community Residential Services Task Force is comprised of various DMH staff, service providers, and community members. The task force continued to review current programs, make recommendations for change and expansion of existing services and share information about future plans for residential programs across the state. A January 25, 2000 residential coordinators meeting was held at Villa Hope of Jackson, hosted by the Division of Community Services of MS State Hospital. At that meeting, residential coordinators discussed discharge problems, housing issues, staff communication skill-building, funding problems, and the relative lack of Section 8 housing across the state. The meeting also included a tour of residential facilities in the area. The June 21, 2000, residential coordinators meeting was held in Pascagoula and was hosted by Singing River Mental Health Services (Region 14 CMHC). Residential coordinators' purpose at that meeting was to discuss housing, funding, outpatient commitment, and the overall goal of facilitating the skills consumers need to remain independent. Networking and viewing local housing options were also included in this meeting.

In FY 2000, the DMH continued to investigate options for expanding housing for individuals with serious mental illness. DMH staff attended a Home Buyer Seminar held on November 9, 1999, in Hattiesburg, MS. DMH staff met with staff of the MS Home Corporation on February 15, 2000, and again on March 21, 2000. This meeting was held to further discuss housing options and how the MS Home Corporation could assist the DMH with expanding these options. The DMH continues to work with MS Home Corporation, investigating new options for housing for individuals with serious mental illness. While still investigating these other options, supervised housing continued to be provided through seven CMHCs and one state psychiatric hospital. There were 144 supervised housing beds available that served 229 individuals.

In FY 2000, the DMH continued to require an assessment of housing needs for all adults with serious mental illness in active services receiving case management or psychosocial rehabilitation. Compliance with these requirements was monitored by DMH during on-site certification visits. In addition, during FY 2000, a community-based housing needs survey was conducted, focusing on identifying consumers who, if the opportunity was available, would move to a more independent living situation. Results from this survey were still being compiled at the end of the year.

### **Other Housing/Housing Assistance**

As in previous years, the Department of Mental Health has continued efforts to support and facilitate individuals' obtaining and maintaining more independent living situations. In such living situations, individuals live on their own with minimal or no supervision of daily living activities and are financially responsible for their own housing. The Department of Mental Health continues its collaborative efforts with the MS Development Authority (formerly the MS Department of Economic and Community Development), which develops the state's plan for housing. Community mental health providers have also continued efforts at the local level to access and/or expand community housing options for individuals with serious mental illness. In FY 2000, examples of housing assistance accessed by individual local community mental health providers for eligible individuals with serious mental illness included: federal housing assistance through HUD and local housing authorities, such as Section 8 housing, subsidized shadow supervised apartments, subsidized apartments, rent subsidies, permanent housing, and, assistance with identification of needs and finding housing; utilities/rent/mortgage payments through local community action agency; personal care homes; assisted living apartments; low income (affordable) housing through

Habitat for Humanity; emergency shelter/temporary housing through local nonprofit organizations (Salvation Army, other community/church nonprofit programs, and local missions for homeless persons), as well as through one program, transitional living and home ownership.

### **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 2000, planning was underway and continued for the first two of these facilities: one to be located in Corinth, adjacent to the Magnolia Hospital and to be operated by the new North MS State Hospital; and, one to be located in Newton, to be operated by the Central MS Residential Center (also under renovation/construction), located near the crisis center site. The Department of Mental Health continued working actively throughout the year with local officials to acquire necessary sites and to develop infrastructure needed for the other five centers.

In FY 2000, the Crisis Services Task force met on October 12, 1999, November 5, 1999, December 7, 1999 and February 16, 2000. A report on the work of this task force was presented to the MS State Mental Health Planning Council on August 11, 2000. The main purpose of the task force was to look at integration of services across the crisis centers and the community mental health centers. The task force agreed that a coordinated system of care that allows 100% response to individuals in crisis must be achieved and that to accomplish this, all components of the treatment system must understand and accept their roles in the crisis treatment system. Although discussions focused on serving individuals involved in the civil commitment process, the task force acknowledged that the level of responsiveness of the system should be basically the same, whether an individual was being civilly committed or was seeking crisis service voluntarily. The task force determined that a central point for admission screening involving staff from both the CMHC and the crisis residential facilities would be a critical factor in assuring appropriate placement and treatment in the most effective and economical manner. A specific system was conceptualized for Region 12 CMHC and the new South Mississippi State Hospital.

**Intensive Residential Treatment Services** provide services for adults within their communities for crises that, unaddressed, will likely result in hospitalization. These services are currently available in Regions 6, 13 and 15 as follows:

- In FY 2000, Region 6 CMHC (Life Help) opened a 13-bed crisis residential facility in their service area. The Department of Mental Health allocated funding to Region 6 CMHC to provide an Assertive Community Treatment (ACT) program.
- Region 13 continued to operate a 16-bed crisis residential facility in Harrison County in FY 2000 and reports a continued positive impact in diverting individuals from Mississippi State Hospital. The DMH continued to provide partial funding for the operation of this program.
- In FY 2000, Region 15 continued to operate a six-bed crisis residential facility in conjunction with Warren County, which operates a holding facility. Region 15 continued to provide crisis case management through their intensive case management team, which worked directly with the crisis residential facility. Region 15 also reports a continued positive impact in diverting individuals from Mississippi State Hospital. The Department of Mental Health continued to provide operating funds for the crisis residential program.

Other initiatives to enhance or expand crisis intervention/prevention included:

- Region 9 continued to work with the Metro Commission on Crisis Intervention to establish a crisis residential facility in the Hinds County/Metro Jackson area. Negotiations on property for this facility continued and a definite location still has not been determined.
- Region 11 continued to implement a level system of case management, which includes a crisis case management level. Region 11 CMHC staff continued to meet with county and local officials in the Natchez area regarding the construction of a crisis residential facility.
- Region 12 continued to provide crisis case management in two counties in their service area (Forrest and Jones counties). Region 12 also continued to seek funding from county and local government officials to construct a crisis residential facility.

Regions 6, 11, 12, 13 and 15 continued to work with the Crisis Services Task Force in FY 2000, making progress reports, providing cross-training statewide, and developing a continuum of care with the planned state-operated crisis intervention facilities. A Crisis Services Task Force report was made to the Mental Health Planning Council on August 11, 2000.

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

#### **SERVICES FOR HOMELESS PERSONS**

In FY 2000, Mississippi State Hospital Community Services Division in Jackson served 338 adults with serious mental illness who are homeless; East Mississippi State Hospital Community Services in Meridian served 101 adults with serious mental illness who are homeless; and Region 7 CMHC (Community Counseling Services) served 49 adults with serious mental illness who are homeless. A total of 488 adults with serious mental illness who are homeless were served through these programs.

In FY 2000, a workgroup of "gatekeepers" continued to meet on a regular basis to discuss the needs of homeless persons with mental illness and to receive feedback from providers of service to homeless persons on their needs to continue to provide continuity of care and coordination of services.

The Department of Mental Health again sponsored a conference on homelessness to educate providers, consumers and other interested individuals/groups regarding the needs of homeless individuals, in addition to the needs of homeless individuals with a serious mental illness. Approximately 100 participants attended this conference in January, 2000.

In FY 2000, the DMH continued to receive and share with interested mental health service providers announcements from the MS Development Authority about the housing programs they administer. In October, 1999, MDA shared with DMH an announcement of a public hearing on the *State of MS FY 2000 One-Year Action Plan for Housing and Community Development Programs* and the *State's Program Performance for 1999*, which was then disseminated to DMH Central Office staff concerned with housing and to CMHC and DMH facility directors. In May, 2000, DMH received and disseminated to CMHCs/DMH facilities an announcement of the availability of and opportunity to comment on the *Draft Consolidated Annual Performance and Evaluation Report for HOME, ESG, HOPWA and CDBG* programs. In September, 2000, DMH received and disseminated to interested mental health providers the announcement of the development of and opportunity for input/comment to the *FY 2001 Consolidated One-Year Action Plan for Housing and Community Development*. As in FY 1999, other information from the DECD regarding housing and shelter

programs, as well as information about housing workshops and the activities of the Mississippi Home Corporation, was disseminated throughout fiscal year 2000 by the DMH Division of Planning and Public Information. As noted previously, local community mental health service providers were actively involved with local housing authorities to access public housing assistance for individuals with serious mental illness.

### **SERVICES FOR ELDERLY PERSONS**

In FY 2000, all the 15 CMHC regions continued to have a local plan for providing services to elderly persons with serious mental illness. In FY 2000, the Elderly Services Task Force did not meet because there were no changes or adjustments made within any of the regions' local plans. In addition, no revisions were made to the format of the Elderly Service Plans, pending review and approval of proposed additional/revised minimum standards specific to the operation of psychosocial rehabilitation programs for elderly persons. The addition of these standards is included as part of a comprehensive review of and proposed revisions to the *DMH Minimum Standards for Community Mental Health/Mental Retardation Services*, which have not yet been approved by the State Board of Mental Health.

In FY 2000, 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 2000, each CMHC submitted a plan for providing medical, dental and other support services as part of their Community Support Programs (CSP) Plan for Community Mental Health Services application. These plans were reviewed by a peer review committee and approved in March, 2000, for implementation beginning April, 2000.

Specific examples of medical/dental services provided/accessed in FY 2000 by individual CMHCs and the Community Services Divisions of the state psychiatric hospitals included: general health services, inpatient care, preventive medicine, outpatient medical care, immunizations, TB screening, OB-GYN Services, emergency medical care, podiatry, internal medicine, dermatology, ophthalmology, neurology, surgery, detoxification, psychiatric services, eyeglasses purchase, medication purchase, communicable disease evaluations, dental services (examinations, extractions, oral surgery), cleaning, dentures/denture cleaning, and emergency dental care.

Examples of local providers of medical/dental services through which individual community mental health providers accessed services in FY 2000 included: community mental health centers (psychiatric services (including medication evaluation and monitoring and nursing services), rural health clinics, county health department offices, regional private and county hospitals, private practitioners (particularly in specialty areas and dentistry) in communities, church sponsored mission services, home health agencies, the University of Mississippi Medical Center (including the School of Dentistry), MCC School of Dental Hygiene, MS Donated Dental Services, a school of dentistry in a contiguous state, Community Action Agency (on aging), the Lion's Club, a state psychiatric hospital, and federally-funded public health clinics.

## **CONTINUITY OF CARE**

In FY 2000, the Division of Community Services continued to participate in the Continuity of Care Committee, which has focused its efforts on addressing barriers identified in their initial work. The committee met three times in FY 2000 (4/18/00, 6/27/00, and 9/14/00); minutes of meetings of the Continuity of Care Committee were kept and disseminated to participants. Among the topics discussed and addressed at these meetings were development of model civil commitment orders (as an educational tool for local court personnel); development of an informational video about the civil commitment process for court personnel, consumers and families; data management issues (across community and hospital settings); a children's services update (focusing on the role of MAP teams in interacting with hospital staff and in addressing needs of youth in transition); allocation of case management enhancement funds (from CMHS Block Grant increase) to target needs of adults referred to or being discharged from the state hospitals, discussion of changes in civil commitment statutes pertaining to emergency holding provisions; and, initiation of review of pass/discharge/referral forms used to communicate information from hospitals to community service providers. Reports on the activities of the Continuity of Care Committee were made to the MS State Mental Health Planning Council in October, 1999, and in August, 2000.

## **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. In addition to exclusion of community mental health center programs from Medicaid capitated programs, the legislation further codified the Department of Mental Health's authority to set and enforce minimum standards for community mental health services and to ensure uniformity in availability and quality of basic services for both adults and children across the 15 mental health regions in the state.

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 2000 State Plan for Community Mental Health Services for Adults with Serious Mental Illness (approved by the Mental Health Planning Council and the State Board of Mental Health in August 1999, and subsequently submitted to the Center for Mental Health Services).

## **PEER REVIEW PROCESS**

The Department of Mental Health continued with the established process of the Peer Review Advisory Committee, which was formed in FY 1998. In FY 2000, all 15 community mental health centers and the two larger state hospital community services programs were visited by Peer Review teams. As in FY 1999, these visits occurred at the same time, but separate from DMH Certification visits. Team members included a total of 40 peer reviewers, who included community mental health service providers and 64 quality assurance evaluators, who are primary consumers and family members. The DMH continued to contract with the Mental Health Association of the Capital Area, Inc., to manage the peer review/quality assurance process statewide. The Peer Review Advisory Committee, made up of family members, consumers, CMHC staff and DMH personnel, developed a questionnaire for peer reviewers to utilize as part of their on-site protocol, as well as to structure reports of their findings. This questionnaire established a means for assessing the strengths and weaknesses of mental health service providers, thus establishing an avenue to provide technical assistance and support at the community level.

## COMMUNITY SUPPORT SYSTEMS

In FY 2000, each CMHC submitted an operational plan for providing community support services as identified in the Ideal System Model for Community Mental Health Services in the State Plan. A peer review committee, including CMHC service providers, family members and DMH staff, reviewed each FY 2000 plan in March, 2000, and approved them for implementation beginning April, 2000.

In FY 2000, the Department of Mental Health continued to require that a community support assessment/life domains assessment be conducted for consumers on the provider caseload. Standardized documentation implemented on May 1, 1998, is now being used by all community mental health centers and the Community Services Divisions of the two larger state psychiatric hospitals. The Department of Mental Health evaluates the implementation of the requirement when a certification/site visit is conducted. Certification/site visit reports indicated that all community mental health centers and Community Services Divisions are in compliance with this requirement.

## CULTURAL DIVERSITY ISSUES

In FY 2000, the Department of Mental Health continued to utilize the National Coalition Building Institute's (NCBI) Prejudice Reduction Training Model. Members of the MS Chapter of the National Coalition Building Institute conducted 17 training programs throughout the state, involving 455 participants, which included CMHC staff.

In FY 2000, there was at least one training activity in the area of cultural diversity awareness/sensitivity made available in all 15 regions and for the staff from the Community Services Divisions of the two larger state psychiatric hospitals. The CMHCs reported having made training available to 842 staff in the area of cultural diversity awareness/sensitivity.

In FY 2000, the Minority Issues Task Force met on February 8, 2000; April 1, 2000; June 13, 2000; July 11, 2000; and, August 16, 2000. The task force sponsored a "Day of Diversity" on October 13, 1999. The Day of Diversity is a coordinated effort by all the community mental health centers to sponsor activities to embrace and welcome the diversity of consumers, family members and staff. The Minority Issues Task Force continued to support training based on the National Coalition Building Institute Prejudice Reduction Model, as described in the previous objective. A report on the work completed by the Minority Issues Task Force was given to the Mississippi State Mental Health Planning Council on June 30, 2000.

## TRAINING

Local level mental health provider staff received training through conferences, inservice training programs, or workshops provided through the CMHCs or other training resources (including the Department of Mental Health) during FY 2000. 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 2000 included: psychotropic medication, treatment plans, HIV/AIDS/STD, medical records, civil commitment, *DMH Minimum Standards*, confidentiality, safety in the workplace, First Aid/Adult CPR, grief, stress management, medication side effects, crisis intervention/stabilization, elderly services, fire safety, substance abuse/HIV, Vulnerable Adults, incident reporting, listening skills, progress note writing, home ownership, time/stress management, day habilitation and case management record keeping, roadside emergencies, supervisory training, personality disorders, mood disorders, client rights/code of ethics, customer service model, communication, interpreter services, workplace violence, social anxiety, Alzheimer's Disease, role of the family in successful recovery, emergency duty, crisis response team training, ADHD, safety and infection control, management training, behavior management, structure of intellect model, sensitivity management integration, behavioral and

parenting techniques, anti-depressant therapy, addressing negative symptoms of schizophrenia, day treatment behavior management, signs and symptoms of relapse, psychopharmacology, office manager training, safety/accident prevention, stigma, staffing review sessions and procedures, subsidized housing, applying for SSI, clubhouse training, Vocational Rehabilitation Services, sexual abuse treatment, ADA, gambling addiction, violent teens, family life cycle, treatment of bipolar disorder, assessment and treatment planning from social work perspective, child and family psychotherapy, and suicide precautions.

Additional training provided at the local level by CMHCs to other agencies was reported by 11 CMHCs and the Community Services Division of a state psychiatric hospital in FY 2000. Examples of topics of such training offered by different individual community service providers included: crisis intervention for law enforcement, conservatorship, mental health in the community, DUI second offense training, general mental health and psychosocial intervention for persons with mental retardation, stress management, seminar on aging, depression in women, depression in the elderly, partnering for the homeless, services provided by the CMHC, housing program, CISM as a community resource, effective community treatment for high risk individuals, depression/coping skills/adaptable mechanisms/grief process, grief assessment and therapy for children, interviewing techniques, good mental health, health learning-emotions, bipolar disorder, aging, mental health month, case management, crisis counseling, and treatment for individuals with serious mental illness.

Academic linkages at the local level continued in FY 2000, with all 15 CMHCs and both Community Services Divisions of the two state psychiatric hospitals reporting training linkages with universities/state community colleges pertaining to mental health services. Areas of training/disciplines represented at various community programs included: social work, counseling, psychology, nursing, educational psychology, guidance and counseling, psychiatry, marriage and family therapy, law enforcement, community counseling, special education, education, rehabilitation counseling, sociology, counseling psychology, recreational therapy, and an internship at an assistive technology center.

In FY 2000, DMH sponsored case management orientation sessions on October 21-22, 1999; March 23-24, 2000; April 6-7, 2000; May 11-12, 2000; September 7-8, 2000; and September 21-22, 2000. The number of case managers trained in these sessions were 16, 21, 19, 11, 26, and 22, respectively, for a total of 115.

In FY 2000, the Department of Mental Health conducted Pre-Evaluation Screening Training on four occasions: November 18, 1999; February 24, 2000; May 11, 2000; and August 31, 2000. A total of 93 community mental health center staff were trained and later certified by the DMH to conduct pre-evaluation screening. As an on-going means of quality assurance, the Department of Mental Health continued to receive quarterly reports from Mississippi State Hospital, East Mississippi State Hospital, North Mississippi State Hospital and South Mississippi State Hospital, documenting the completion and content of the Pre-Evaluation Screening documents by the CMHCs within their service areas. Upon receipt of these reports, the Department of Mental Health then disseminates the results and provides technical assistance to the community mental health centers that had reported deficiencies in the completion of Pre-Evaluation Screening documents.

Additionally, six CMHCs and the Community Services Division of one state psychiatric hospital reported providing training in the area of crisis management or about crisis intervention services in general to other agencies/service providers. Examples of participating agencies/organizations included: a law enforcement academy, county sheriff deputies, court personnel, a public community college, a private college, a private seminary, and other mental health providers at a large conference. Fifteen CMHCs and the Community Services Division of one state psychiatric hospital also reported providing their staff with training in the area of crisis management.

In FY 2000, the Department of Mental Health continued to invite interested family members to attend Pre-Evaluation Screening Training sessions to empower them with more knowledge of the civil commitment

process, the rights of their family member, and the services that would be available to them during this time. Individuals who had attended or recently completed the Family to Family educational program and individuals who had called a local mental health association with questions about the civil commitment process were invited to the training. Six family members participated in the four training sessions.

In FY 2000, the Department of Mental Health, Division of Community Services, sponsored a "Train the Trainers" workshop, at which 17 additional Master's degree staff from the community mental health centers were trained to implement the law enforcement academy recruit and in-service training curricula. By doing this, at least one to two staff members will be accessible for conducting training in each region or area of the state served by the training academies. DMH certified trainers from throughout the state have conducted either the recruit or in-service training. Academy training was available to all six academies, and sessions were conducted in Jackson, Long Beach and Hattiesburg in FY 2000. As a result, 225 law enforcement recruits have been trained. In-service training for experienced law enforcement personnel has been conducted in Pelahatchie, Columbus, Brandon, Richland, Raymond, Vicksburg, Clarksdale and Hattiesburg and at MS State University, resulting in 330 experienced law enforcement personnel trained in how to work with an individual who has mental illness and who is in crisis.



## PROGRAM DESCRIPTION AND SERVICE HIGHLIGHTS/PROGRESS IN FY 2000 COMMUNITY MENTAL HEALTH SERVICES FOR CHILDREN

### PROVISION OF SERVICES

In FY 2000, 20,579 children with SED were reported to have been served through the public community mental health system (includes estimated data from two CMHCs and two other nonprofit programs). Additionally, 257 youth were served by providers certified, but not funded by DMH (for therapeutic foster care, therapeutic group homes, or Adolescent Offender Programs).

### OUTREACH/ACCESS

In FY 2000, Division of Children and Youth Services directories were provided and DMH staff participated in and/or made presentations at the following events:

- Annual Joint Conference of MS Mental Health/Mental Retardation Council and the MS Chapter of the American Association on Mental Retardation, October 27-29, 1999.
- Mississippi Counselors Association Conference, November 4, 1999.
- School Nurses Conference, November 17, 1999.
- Mental Health and Elementary School Task Force, Nov. 9, 1999, Jan. 10, 2000, Feb.29, 2000, and April 7, 2000.
- Safe Schools Conference, November 30, 1999.
- Mississippi Association of Public Health Physicians, February 23, 2000.
- Project Homestead Meeting, March 22, 2000.
- MAP Team Coordinators' meetings, held monthly in FY 2000.
- District Attorneys Conference, April 26, 2000.
- 8<sup>th</sup> Annual Children's Mental Health Institute/WRAP Summit, May 9-11, 2000.
- Mississippi Association of Secondary School Principals' Annual Meeting, July 11-12, 2000.
- Annual Lookin' To The Future Conference, July 20, 2000.
- Juvenile Justice Conference, August 3-4, 2000.
- United Methodist District Pastors' Meeting, August 29, 2000.

In FY 2000, informational materials, including *Children and Youth Services Resource Directories*, were given to members of a School and Mental Health Task Force that included educators and counselors from several school districts across the state. Informational materials and *Children and Youth Services Resource Directories* were also made available to all 300 participants at the 8<sup>th</sup> Annual Children's Mental Health Institute/WRAP Summit. Materials on children with SED and *Children and Youth Services Resource Directories* were provided to participants at the Mississippi Association of Secondary School Principals Annual Meeting. Letters to all private school counselors were mailed offering informational materials from the DMH Division of Children and Youth on identifying children with behavioral/emotional disturbance. Information on identifying children and youth with SED and resources in the community was also offered via e-mail to all school principals. School-based mental health information was mailed to all 15 community mental health centers in September 2000.

Examples of specific consultation/education activities and other public education efforts provided at the local level by individual CMHCs and other nonprofit children's mental health programs in FY 2000 to inform the community and special groups about children at risk for or with serious emotional disturbance and/or services available to assist them included: consultation with Head Start programs; presentations to civic clubs; work with the Youth Courts; work with schools and community groups to identify children in need of services; conducting of parenting groups; provision of Mandt Crisis Intervention training with teachers, principals and

parents; consultation with teachers and other school staff; presentations to students at local universities and colleges; visits to schools by day treatment staff, outpatient therapists and case managers, including discussions with school staff of academic and behavioral problems of youth at school; consultation and education through the Red Ribbon program (for substance abuse prevention); parent meetings at Head Start programs; implementing Peer Helpers programs in schools; presentations at school board meetings, to special education staff, and to school principals; presentations to county or city governing boards; presentations to parents/youth at churches; work with law enforcement, local physicians, including the provision of printed materials and other information; provision of substance abuse prevention programs for elementary children, children in foster care, Boys and Girls Clubs, high school and YMCA; participation in local health fairs; special presentations to parents in Employee Assistance Programs; presentations to day care providers, human services workers, shelter workers and parents at the local level; tours and presentations for a local newspaper; presentations to local civic clubs; participation in professional meetings at which presentations about services for children with serious emotional disturbance are made; distribution of brochures about services to various professional, service and consumer groups; presentation of an annual statewide conference focusing on children's social service issues; provision of special summer opportunities for youth through which information is provided; provision of parenting program for families at risk; provision of an art camp involving community leaders and children with SED; provision of court-ordered parenting classes; and, education and outreach through use of billboards, program announcements on radio and TV stations and in newspaper articles.

### **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 2000, DMH continued to provide funding to Vicksburg Child Abuse Prevention Center (CAP) and to two programs for teen parents. In FY 2000, 84 children from 67 families were served by the Exchange Club of Jackson Parent/Child Center; 112 children from 85 families by the Vicksburg Family Development Center; and, 189 children from 81 families by the Exchange Club of Vicksburg Child Abuse Prevention Center (CAP). Funding was made available to a fourth program, but the provider declined to accept funds. These funds were redirected to Region 8 CMHC to provide assessments and direct crisis intervention to students in a targeted school district.

In FY 2000, DMH staff continued to provide technical assistance to community mental health centers, including regions 1, 8, 12, 14, and 15, to further develop early intervention services in Headstart programs and/or local preschools. A session at the May, 2000, Children's Mental Health Institute/WRAP Summit focused on day treatment services for children with SED under the age of six.

In FY 2000, funding continued to help support two specialized multidisciplinary sexual abuse intervention programs that included children with serious emotional disturbance: the Pine Belt Mental Healthcare Resources sexual abuse intervention program and the Vicksburg Family Development Service sexual abuse intervention program. These two programs served 198 children. Also, the Exchange Club of Vicksburg Child Abuse

Prevention Center continued to participate as a member of the Vicksburg/Warren County Multidisciplinary Sexual Abuse Intervention Team.

### **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 2000, the Division of Children and Youth staff continued to monitor treatment service plans developed by service providers on certification/site visits. Additionally, training was provided on individualized treatment plans to the following providers: Region 12 CMHC (November, 1999); Adams Co. Adolescent Offender's Program (February, 2000); and Region 5 CMHC (May, 2000).

A functional assessment instrument for youth, the *Brief Inventory of Functioning (BIF)*, has been piloted in selected CMHC regions. The BIF is being correlated with the *Child and Adolescent Functional Assessment Scale (CAFAS)* (Hodges, 1995). The BIF is a strengths-based assessment instrument that addresses functioning in the following areas: home, school, social/legal/community resources, thinking/affect/mood, and interpersonal relationships. In FY 2000, the process of standardization of the BIF continued, with profile data collected from selected pilot areas in the state. Piloting of the *BIF* will also be extended to another area of the state.

### **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 2000, all 15 CMHCs continued to evaluate each child with SED receiving substantial public assistance for the need of case management services in accordance with *DMH Minimum Standards for Community Mental Health/Mental Retardation Services*. DMH staff continued to monitor implementation of this requirement during on-site visits. In FY 2000, a total of 10,652 children with SED, including children receiving Medicaid, were reported as having received case management services through the CMHCs. In FY 2000, 250 CMHC case managers provided services; 77 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.

In FY 2000, there was continued availability of general outpatient services to children with SED and their families. A total of 17,301 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. As of September 30, 2000, there were 428 school-based general outpatient sites in those regions where CMHCs chose to offer school-based general outpatient services.

## 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 2000, 15 CMHC regions provided 217 day treatment programs. These 217 programs operated by CMHCs served 3,102 children in FY 2000. Additionally, two other nonprofit programs, certified, but not funded by DMH, continued to operate seven Adolescent Offender Programs, serving 196 youth. In FY 2000, the DMH Division of Children and Youth Services staff, including staff coordinators of day treatment services, conducted site certification visits and record monitoring of day treatment programs. These individuals provided on-site assistance to all 15 CMHCs, focusing on start-up of additional and/or new day treatment programs. Training in several topics for day treatment staff, including youth in alternative educational programs, functional assessment, preschool day treatment, and Adolescent Offender Programs, was offered at the Annual Children's Mental Health Institute in May, 2000. A state-wide technical assistance meeting was held in August, 2000, addressing topics such as opening and closing programs, Medicaid reimbursement, educational issues, and programmatic requirements.

In FY 2000, all of the 15 CMHCs providing day treatment and two other nonprofit agencies providing Adolescent Offender Programs received on-site technical assistance. Of the 217 day treatment programs available through CMHCs in FY 2000, 139 were based in schools, and 78 were based in CMHCs.

In FY 2000, technical assistance and certification continued to be provided to Adolescent Offender day treatment programs (AOPs) by DMH, Division of Children and Youth staff assigned such responsibilities. Technical assistance, in addition to what was provided on annual site/certification visits, was provided to AOPs in CMHC Regions 1, 3, 7, 12, and 15, and AOP programs in Hinds and Adams counties. Technical assistance was also provided to three new AOP programs beginning services in three counties (Washington, Leflore, Lauderdale) on initiating AOP programs.

## COMMUNITY-BASED RESIDENTIAL SERVICES

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

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

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

**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 2000, DMH continued to make funding available for two therapeutic foster care homes through Pine Belt Mental Healthcare Resources, as part of the DMH grant to that program for operating a therapeutic group home for young girls (5 to 10 years old). DMH also continued funding for 17 therapeutic foster homes through Catholic Charities, Inc. Additional therapeutic foster home services were made available by Catholic Charities through the new CMHS COMPASS Project; Catholic Charities provided therapeutic foster care services to 26 youth in FY 2000. The home operated by Pinebelt Mental Healthcare Resources served one girl. Additionally, Senior Services' Stepping Stones and United Methodist Ministries, non-profit private providers certified, but not funded by DMH, provided therapeutic foster care services to 13 youth in FY 2000.

In FY 2000, technical assistance was provided to Catholic Charities, Inc. and Pine Belt Mental Healthcare Resources by a designated DMH Division of Children and Youth Services staff member assigned to therapeutic foster care programs. In addition, this staff member provided technical assistance to Stepping Stones and United Methodist Ministries with Children and Families (certified, nonprofit providers, not funded by DMH).

In FY 2000, DMH continued to provide funds to support services provided through a total of 13 therapeutic group homes, including three transitional therapeutic group homes that received DMH support for mental health services for youth served by the homes (last three homes on list that follows). A total of 309 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
- Pinebelt Therapeutic Group Home for Boys, Petal, operated by Region XII, Pinebelt Mental Healthcare Resources;
- Pinebelt Therapeutic Group Home for Girls, Laurel, operated by Region XII, Pinebelt Mental Healthcare Resources;
- Able I, Able II, Able III (three homes) Therapeutic Group Homes for Dually Diagnosed Boys (MR/EmD), Picayune, operated by St. Francis Academy;
- Hope Haven Crisis Residential Therapeutic Group Home, Jackson, operated by Catholic Charities, Inc., of Jackson;
- Rowland Home for Youth (boys), Grenada, operated by MS Children's Home Society & Family Service Association;
- 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.

Also, an additional 61 youth were reported as served through therapeutic group homes certified, but not funded by DMH, which included:

- Therapeutic Foster Care (male & female), Madison, operated by United Methodist Ministries;
- Bass Group Home (females), Clarksdale, operated by United Methodist Ministries;
- Golden Triangle Group Home (females), Columbus, operated by United Methodist Ministries;
- Monroe Group Home (males), Amory, operated by United Methodist Ministries;
- Pendleton Group Home (males), Natchez, operated by United Methodist Ministries;
- Stepping Stones (male & female), Jackson, Senior Services;
- Desoto Sunrise Therapeutic Group Home (females), DeSoto, operated by Desoto Sunrise, Inc.

In FY 2000, DMH, Division of Children and Youth staff designated to monitor therapeutic group homes held a meeting with therapeutic group home coordinators to discuss discharge planning guidelines for children/youth exiting therapeutic group homes. Recommendations for discharge planning from therapeutic group homes were also discussed at several MAP Team Coordinators' meetings. The recommendations from both meetings are on file at DMH.

In FY 2000, DMH continued to provide funding to three programs, which made available 56 beds for chemical dependence residential treatment for adolescents, some of whom 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 156 adolescents with substance abuse problems or dual diagnosis of substance abuse and mental illness in a community-based residential treatment program: Sunflower Landing served 61 youth; CART House served 43 youth; and, the ARK served 52 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 2000, providers of three transitional group homes for youth in the custody of the MS Department of Human Services continued to receive funds for therapeutic mental health services for youth living in these homes: Rowland Home for Youth (for males) located in Grenada, with a capacity of eight beds, served 11 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 16 youth.

In FY 2000, DMH, Division of Children and Youth staff participated on a Transitional Services for Children and Youth to Adult Services Task Force. This task force addressed identifying individuals between ages 18 and 21 years with a serious emotional disturbance within the public school system, the mental health system, and the correctional/judicial system. The task force also addressed training needs, networking, and identification of model programs within the state developed to serve those individuals and their families transitioning in adult services. A report from the Transitional Services Task Force was made to the MS State Mental Health Planning Council on March 24, 2000, and to the Children's Services Task Force on July 18, 2000.

### **RESPIRE SERVICES**

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

In FY 2000, an increase in funding for respite services was made to Mississippi Families As Allies for Children's Mental Health, Inc. Respite services were also among the services that could be accessed through additional flexible funding made available to nine MAP teams across the state (five teams funded by state funds and four teams funded by CMHS block grant funds in FY 2000). In FY 2000, a total of 100 youth received respite services. A total of 33 respite providers were available in 10 counties across five regions.

## 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.

In FY 2000, DMH continued to provide funding to Mississippi Families As Allies for Children's Mental Health, Inc. for salaries of a Respite Coordinator, for part of the Executive Director's salary, and for a Family Education/Training Coordinator position. The Family Education/Training Coordinator provided technical support to Family Education groups in 11 of the 15 CMHC regions, worked with local MAP Teams to ensure family leader participation, and coordinated training activities for Mississippi Families As Allies for Children's Mental Health. DMH, Division of Children and Youth staff referred all providers requesting family education/training to Mississippi Families As Allies for Children's Mental Health, Inc. Mississippi Families As Allies for Children and Youth, Inc. provided a list of trained family educators to DMH, which is available for children's mental health service providers.

In FY 2000, an increase in funding for family education and family support was made available to MS Families As Allies for Children's Mental Health, Inc. Family education and family support were also among services that could be accessed through additional flexible funding made available to nine MAP teams across the state. (Five teams were funded by state funds in FY 1999, and four additional teams were funded with increased CMHS block grant funds in FY 2000.) Additionally, in FY 2000, Mississippi Families As Allies for Children's Mental Health, Inc. received a federal Statewide Family Network grant for identification and training of family support specialists in targeted areas of the state.

MS Families As Allies also received continued federal funding for Phase II of the "Community Action Grant for Service Change" to continue implementation of the WRAP project. This project is a collaborative effort between MS Families As Allies and the Bazelon Center for Mental Health Law. The purpose of the project is to continue to promote the adoption of the wrap-around approach to providing services for children and youth with serious emotional disturbances. The second year will be a training and technical assistance initiative targeting existing MAP Teams across the state and the mental health regions that do not have existing MAP Teams. The WRAP project first consensus meeting, in which DMH staff participated, was held September 21, 1999 in Jackson. Included in the WRAP project is a series of training sessions across the state, October-December 1999, focusing on skill building for MAP Teams and families.

In FY 2000, service providers have continued to be required to include statements that they would provide family education programs for the targeted population in their proposals for CMHS block grant funds for children's services in order for them to receive block grant funds for children's mental health services.

## SERVICES FOR MINORITY POPULATIONS

In FY 2000, service providers funded with CMHS block grant funds for children and youth services continued to be required in their proposals for these funds to include a statement that they would provide inservice training for children's services staff that addresses cultural diversity and/or sensitivity.

In FY 2000, designated Division of Children and Youth staff continued to participate in the Mississippi Chapter of NCBI ongoing monthly meetings and training sessions. One staff member, along with a staff member from the Division of Community Services (for adults), conducted cultural diversity workshops for the following children service providers: Mississippi State Hospital (Oak Circle Center child/adolescent services staff) in April, 2000, and Region 8 Mental Health Center in June and August, 2000. One Division of Children and Youth staff member conducted a workshop for 5<sup>th</sup> and 6<sup>th</sup> graders at a local school. A cultural diversity

workshop was provided at the statewide Annual Children's Mental Health Institute in May, 2000. Children and youth services staff also participated in a "Day of Diversity," a special awareness event held on October 13, 1999. The Minorities Issues Task Force, which includes a representative of the Division of Children and Youth Services, continued to meet in FY 2000 to identify priority areas to be addressed related to cultural issues in community mental health service delivery. Prejudice reduction training sessions were conducted by these staff members, along with staff members from the Division of Community Services for adults, at the Annual Children's Case Management Training on April 23, 1999, and at Region 7 CMHC on April 28, 1999.

### **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 2000, DMH continued to provide funding to the two intensive crisis response model programs for youth with SED or behavioral disorders who are in crisis or who are identified as at-risk for residential placement. Catholic Charities' model program (Hope Haven) targets Hinds County and the surrounding area. The Catholic Charities model continued to include five crisis residential beds on a regular basis, with potential capacity of up to seven beds. Region 15 (Warren- Yazoo Mental Health Services), which serves two adjacent counties, continued their contract with Catholic Charities to provide crisis residential services for up to two beds for youth considered at risk for out-of-home placement. Community Counseling Services' model continued to include a crisis line available across all seven counties in CMHC Region 7, with linkages to other appropriate services. For children/youth in need of more specialized and intensive intervention, this CMHC continued to focus on two counties, in which an array of specialized crisis services was made available, i.e., mobile crisis, intensive in-home therapeutic intervention and extended follow-up after the first four to six weeks.

Each of the two program models continued to utilize a 24-hour crisis hotline with mobile intensive intervention, enabling services to be provided quickly and efficiently at the child or youth's home. 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, enabling children/youth with SED who are most likely to be inappropriately placed out-of-home or community to be served in the community. Some of these youth are also enrolled in the MS Connections Project.

In FY 2000, DMH granted funding for a third comprehensive community-based crisis program in Hattiesburg, MS, operated by Pine Belt Mental Healthcare (Region 12 CMHC). The program is a community-based crisis service available on a 24-hour basis. Services from an emergency on-call team are offered both during and after regular work hours to act as a single point of entry into the program from both Jones and Forrest Counties. This program also utilizes MAP teams for those children and youth with SED who require multiple services.

In FY 2000, the following outcome information was tracked and reported through Catholic Charities' Family Crisis Intervention and Emergency Response/Aftercare programs' monthly summaries and the continuation grants: the average length of service to the youth and his/her family; number of cases in which family crisis intervention resulted in family reunification, placement with a relative, return to the community, and/or step down to a less restrictive environment; number of families participating in family education services; operation of an interagency multi-disciplinary case review team; and exit evaluation by youth and family member(s) to determine level of satisfaction with services provided. When family crisis intervention lasted beyond six weeks, improvement in social functioning and improvement in school performance were included as outcome indicators.

In FY 2000, the 1990 crisis response model and existing program description that have evolved since then were presented to and discussed with the Children's Services Task Force for additional review and comment. No major revisions to the program description were made for FY 2000. Outcomes and other critical information from implementation of the initial model program have provided important information regarding family inclusion, financial issues and concerns, cultural diversity, interagency commitments, sharing of resources, and overall individual outcomes for children/youth and their families.

In FY 2000, a representative from the Children's Services Task Force participated on the Crisis Services Task Force. This representative implemented the first model comprehensive crisis intervention program, Hope Haven, operated by Catholic Charities. A family member representative of a child/youth with SED was invited to participate on the Crisis Services Task Force and recently (November, 2000) also agreed to participate on the task force. The Crisis Services Task Force met four times in FY 2000: October 12, 1999; November 5, 1999; December 7, 1999; and, February 16, 2000. A report on the work of this task force was presented to the MS State Mental Health Planning Council on August 11, 2000. The main purpose of the task force was to discuss integration of services across the crisis residential centers and the community mental health centers.

Additionally, in FY 2000, the State Level Case Review Team continued to be assigned a crisis intervention specialist to assist with coordination and support for children and youth referred to the team and to facilitate improved access to services for targeted youth.

#### **SERVICES FOR HOMELESS/RUNAWAY YOUTH**

In FY 2000, DMH continued to fund 50% of the salary of the coordinator of SAFE Place, part of a program targeting homeless/runaway youth, operated by Catholic Charities, Inc. in the Jackson area. Another component of the program, Our House Emergency Shelter, reported having contact with 197 youth, of which 85 had a serious emotional disorder. Funds also continued to be made available to Gulf Coast Women's Center in Biloxi, for victims of domestic violence. Additionally, three CMHCs reported providing specialized assistance for homeless/runaway youth, primarily through linkage with area shelters and/or through providing assistance in finding housing for families in need.

In FY 2000, DMH staff continued to monitor each program serving runaway/homeless youth. Staff from these programs were invited to attend the 8<sup>th</sup> Annual Children's Mental Health Institute, May 9-11, 2000. Information was provided on wrap-around, MAP teams, school-based services, cultural diversity, children's mental health issues, parent/professional collaboration, and treatment planning.

#### **INPATIENT SERVICES**

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

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

In FY 2000, the Division of Children and Youth Services continued to participate in the Continuity of Care Committee, the activities of which were described previously in the section on adult community services (pp. 43).

In FY 2000, DMH certified providers continued to require input from the Department of Human Services local county personnel (for those children/youth in DHS custody), as well as from representatives of local school districts in developing and/or reviewing individual plans for case management. Compliance with this requirement was monitored by DMH, Division of Children and Youth staff at the time of each provider's annual certification/site visit.

## MENTAL HEALTH REFORM ACT

Please refer to page 45 for a description of the Mental Health Reform Act of 1997. The following activities are examples of activities to address specific provisions of this law by the Division of Children and Youth Services.

The first core group of children's community mental health services was proposed as minimum requirements as part of initial revisions to the *DMH Minimum Standards for Community Mental Health/Mental Retardation Services* proposed to the State Board of Mental Health (in November, 1998). Since that time, these proposed revisions establishing minimum required community mental health services for children have been incorporated in a more comprehensive set of proposed revisions to all standards governing community services certified by the Department of Mental Health (including services in the areas of adult and child mental health services, substance abuse prevention and treatment, mental retardation/developmental disabilities, and Alzheimer's disease/other dementia). This overall revision of minimum standards was undertaken to address more comprehensively provisions of the Mental Health Reform Act. The State Board has not yet approved the proposed revisions.

In FY 2000, the Division of Children and Youth met with a representative from the Division of Information Systems to develop and implement a strategy for collecting data for the following CMHS requested performance indicators: school attendance, stable environment, and juvenile justice involvement. Additionally, a structured family satisfaction survey was also utilized at select site visits by peer reviewers. The family satisfaction survey addresses areas of accessibility, appropriateness, and outcomes, and may be utilized as one source of information for comparison of services across mental health regions. Designated Division of Children and Youth staff reported on the status and progress of the performance measures/outcomes development process to the Children's Services Task Force in July 2000.

## PROGRAM STANDARDS

In FY 2000, the current *DMH Minimum Standards for Community Mental Health/Mental Retardation Services* continued to be implemented, with programs being monitored on site visits by Division of Children and Youth staff for compliance with those standards pertaining to children's mental health programs. Additionally, the *DMH Minimum Standards for Community Mental Health/Mental Retardation Services* continued to be under review in FY 2000 for any needed revisions.

## TRAINING

In FY 2000, the DMH Division of Children and Youth Services continued to maintain a training calendar. The following listing includes training provided, facilitated and/or attended by DMH Division of Children and Youth Services Staff in FY 2000.

### Managing Aggressive Behavior, October 25, 1999

Region 10 CMHC staff: Approximately 10 participants

Training Site: Jackson, MS

Training was facilitated by an individual with expertise in behavior management programs. The training included writing behavior management plans and follow up.

### Writing Progress Notes, November 18, 1999

Region 12 CMHC children's case managers: Approximately 30 participants

Training Site: Hattiesburg, MS

Training was facilitated by DMH, Division of Children and Youth staff and focused on writing progress notes according to the DMH *Minimum Standards for Community Mental Health /Mental Retardation Services*.

### National Coalition Building Institute (NCBI): Prejudice Reduction Training, April 14, June 29, and August 18, 2000

Mississippi State Hospital, children/youth services staff, Region 8 CMHC staff: Approximately 51 participants

Training Sites: Whitfield, Canton, and Brandon, MS

Training included cultural diversity/sensitivity, including role play and group interaction.

### Annual Case Management Training, May 8, 2000

CMHC children case managers: Approximately 35 participated

Training Site: Jackson, MS

Training focused on wraparound concepts, interagency collaboration, crisis intervention, and paper work.

### 8<sup>th</sup> Annual Children's Mental Health Institute, May 9-11, 2000

Staff, family representatives, direct care workers, educators, social workers, supervisors, school counselor and teachers: Approximately 300 participants

Training Site: The Hilton Hotel of Jackson, MS

Training included sessions on wraparound, preschool day treatment, Adolescent Offender Programs, alternative education, managing aggressive behavior, parent/professional collaboration, cultural diversity, Medicaid eligibility, transitional age youth, and functional assessment.

Information on children's mental health services was also presented at the following:

Mississippi Counseling Association Annual Conference, November 1999

School Nurses Conference, November 1999

Safe Schools Conference, November 1999

Safe Schools Committee, December 1999

Mississippi Association of Public Health Physicians, December 1999

Mississippi Association of Secondary School Principals Annual Meeting, July 2000

Lookin' To The Future Conference, July 2000

Juvenile Justice Conference, August 2000.

In FY 2000, the DMH Division of Children and Youth Services continued to make available information and training opportunities to CMHCs, other DMH-funded nonprofit providers, and other providers of children/youth involving the MS Department of Education, MS Department of Health, MS Department Human Services, and the Division of Medicaid. Training made available to these groups included the following events that were provided and/or facilitated by DMH Division of Children and Youth in FY 2000:

Managing Aggressive Behavior, October 25, 1999

Region 10 CMHC staff: Approximately 10 participants

Training Site: Jackson, MS

Training was facilitated by an individual with expertise in behavior management programs. The training included writing behavior management plans and follow up.

Children's Mental Health Services, November 3-5, 1999

Mississippi Counseling Association Annual Conference

Training Site: Biloxi, MS

Training included services, resources, and treatment options for children/youth with SED.

Children's Mental Health Services, November 17, 1999

School Nurses' Conference: 75 participants

Training Site: Jackson, MS

Training included early childhood mental health resources and services available, description of diagnosis such as ADHD, depression, and Post-traumatic Stress Syndrome.

Writing Progress Notes, November 18, 1999 and May 16, 2000

Region 12 CMHC children's case managers: Approximately 30 participants

Region 5 CMHC children's services staff: Approximately 20 participants

Training Site: Hattiesburg and Greenville, MS

Training was facilitated by DMH, Division of Children and Youth staff and focused on writing individualized treatment plans and progress notes according to the DMH *Minimum Standards for Community Mental Health /Mental Retardation Services*.

Children's Mental Health Services, December 13, 1999

Mississippi Association of Public Health Physicians Conference: Approximately 50 participants

Training Site: Jackson, MS

Training included identification of SED and resources available in the community for children/youth with SED.

National Coalition Building Institute (NCBI): Prejudice Reduction Training, April 14, June 29, and August 18, 2000

Mississippi State Hospital, children/youth services staff, Region 8 CMHC staff: Approximately 51 participants

Training Sites: Whitfield, Canton, and Brandon, MS

Training included cultural diversity/sensitivity, including role play and group interaction.

Annual Case Management Training, May 8, 2000

CMHC children case managers: Approximately 35 participated

Training Site: Jackson, MS

Training focused on wraparound concepts, interagency collaboration, crisis intervention, and paper work.

8<sup>th</sup> Annual Children's Mental Health Institute, May 9-11, 2000

Staff, family representatives, direct care workers, educators, social workers, supervisors, school counselor and teachers: Approximately 300 participants

Training Site: The Hilton Hotel of Jackson, MS

Training included sessions on wraparound, preschool day treatment, Adolescent Offender Programs, alternative education, managing aggressive behavior, parent/professional collaboration, cultural diversity, Medicaid eligibility, transitional age youth, and functional assessment.

Children's Mental Health Services, July 11-12, 2000

Mississippi Association of Secondary School Principals Annual Meeting: Approximately 50 participants

Training Site: Gulfport, MS

Training included identification of children/youth with SED and services, resources, and treatment options available for this population.

Annual Juvenile Justice Conference, August 1-3, 2000

Participants: Approximately 400 in attendance

Training Site: Jackson, MS

Training included two concurrent sessions on MAP team development and a family member's perspective on the success of local interagency teams and flexible funding.

In FY 2000, representatives of inpatient and residential treatment programs were invited and attended the Annual Children's Mental Health Institute/WRAP Summit in May 2000. Technical assistance continued to be provided to East Mississippi State Hospital and Mississippi State Hospital staff of the child/adolescent units on continuity of care for youth entering or being discharged from the hospital. As noted previously, staff from the MS State Hospital child/adolescent inpatient unit also participated in cultural diversity training provided by DMH Division of Children/Youth Services staff. Technical assistance was also provided to staff of certified residential therapeutic group homes during a training session provided by DMH staff in December 1999.

As mentioned, training on children's mental health services was provided to school nurses at the Annual School Nurses Conference, participants at the MS Counseling Association Conference, family members and school officials in McComb, MS, participants at the Safe Schools Conference, members of the Safe School Committee, physicians at the MS Association of Public Health Physicians Conference, principals at the MS Association of Secondary School Principals Annual Meeting, and participants at the Juvenile Justice Conference.

In FY 2000, a one-day case management training was held May 8, 2000, focusing on local infrastructure (MAP teams), wraparound, crisis intervention, day treatment services, and family inclusion. Approximately 50 case managers attended. The 8<sup>th</sup> Annual Children's Mental Health Institute held May 9-11, 2000, focused on wraparound services, parent and professional collaboration, cultural diversity, and individualized treatment planning. Case managers, family members, school nurses, school counselors, CMHC staff, MS Department of Human Services representatives, MS Department of Education representatives, and Youth Court counselors attended the Children's Mental Health Institute.

In FY 2000, a training needs assessment/survey developed by DMH staff was distributed to children's services staff at the 15 community mental health centers and other nonprofit programs in July, 2000. The information provided by the survey was compiled and will assist DMH in planning further training sessions and technical assistance.

In FY 2000, designated DMH staff continued to participate on the Health Care Reform Committee, convened by the Mental Health Association of Mississippi (formerly the Mental Health Association of South Mississippi). Also included on that committee are representatives of major mental health advocacy groups, primary consumers of mental health services, community mental health center directors, and other state agencies, such as the Division of Medicaid, and the MS Protection and Advocacy System, Inc. The Health

Care Reform Committee was initially established in November of 1998 to work for broad-based mental health care reform. Among the issues addressed by the Committee are appropriate treatment of persons with mental illness by emergency responders such as use of mechanical restraints, training of new law enforcement personnel, new policy recommendations to allow Emergency Medical Technicians to transport individuals in crises who are involved in the civil commitment process, and establishing civil commitment transport teams in each community mental health center region.

The Department of Mental Health has also undertaken a special project, with input from consumers, family members and community service providers to develop an educational video about the civil commitment process. Since many individuals are experiencing a crisis when this process is initiated, one anticipated use of such a videotape is to sensitize non-mental health professionals (such as court, law enforcement, emergency medical transport, etc.) who might interact with consumers and families involved in such crisis situations.

Local-level mental health provider staff also received additional training through workshops, conferences and inservice or staff development programs provided through the CMHC/other service providers or through other resources. Examples of training topics reported by individual CMHCs/other children's community mental health service providers in FY 2000 included: crisis management, emergency on-call training, pre-evaluation screening training, dual diagnosis, cultural diversity, interagency collaboration, family education (for families of children with SED), quality assurance, Mandt crisis intervention (certification, recertification, intermediate, and advanced), policies and procedures, confidentiality, CPR/First Aid, legal/ethical issues in mental health, ADHD, child day treatment, medication use/side effects, play therapy, anger/behavior management, depression, grief, sexual abuse treatment, and the child abuse referral process.

In FY 2000, training provided by centers/programs to other service providers at the local level was reported by 14 CMHCs and six other nonprofit programs certified by DMH. Examples of topics of training events reported by individual centers/programs included: stress management, MAP team development, parenting, team approach to treating sexual abuse, process for referral to the CMHC, crisis management, status offenders, identifying SED, Mandt, anger management, non-violent intervention, suicide prevention, suicide intervention, effective communication, building self-esteem and problem-solving, experiential counseling, community teaming, strengths-based planning, and parent/professional collaboration.

In FY 2000, representatives of the MS Department of Human Services, CMHCs, MS Department of Education, school nurses, school counselors, MS Department of Health, and families were invited and attended the 8<sup>th</sup> Annual Children's Mental Health Institute/WRAP Summit on May 9-11, 2000. DMH, Division of Children and Youth Staff also provided information to school nurses, teachers, special education coordinators, principals, counselors and Department of Health physicians, on 11/4/99, 11/17/99, 11/30/99, 12/13/99, 7/11/00, 7/20/00, and 8/3/00. Representatives of the state and local child and family serving agencies also attended and participated on the State Level Case Review Team.

Academic linkages at the local level continued in FY 2000, with 14 CMHCs and eight 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: counseling, social work, clinical psychology, educational psychology, counseling psychology, counseling education, nursing, sociology, school counseling, rehabilitation counseling, criminal justice/corrections, family/human development, marriage and family therapy, community counseling, social rehabilitation services, education, special education, occupational therapy, organizational counseling, psychiatry, and psychiatric nursing.

## EDUCATIONAL SERVICES

Children with serious emotional disturbance who meet eligibility criteria in accordance with state and federal special education guidelines have access to educational services provided through local public school districts in the state. Specific examples of educational services/assistance accessed at the local level for children with serious emotional disturbance and/or their families by individual community mental health children's services providers in FY 2000 included: regular and special education services, tutoring (including after-school tutoring), GED classes, remedial programs, scholarships, alternative school services, preschool services, and continuing education. These services were reported as provided through a variety of community educational agencies, such as local public (city and county) school districts, a state university, a local mission and other nonprofit child services programs, Headstart programs, and local community colleges.

The state psychiatric hospitals operate accredited special school programs as part of their inpatient adolescent treatment units and collaborate with local school districts, from referral through discharge planning. A facility providing residential substance abuse treatment (The ARK) and a therapeutic group home provider (St. Michael's/St. Francis Academy) have MS Department of Education approved special schools within the treatment facilities. A teacher unit is provided at Sunflower Landing, another residential substance abuse treatment program for adolescents. Headstart programs also serve some preschoolers with disabilities, including children with emotional problems.

Specific examples of educational services/assistance accessed at the local level for children with serious emotional disturbance and/or their families by individual community mental health children's services providers in FY 2000 included: regular and special education services, tutoring (including after-school tutoring), GED classes, remedial programs, scholarships, alternative school services, preschool services, and continuing education. These services were reported as provided through a variety of community educational agencies, such as local public (city and county) school districts, a state university, a local mission and other nonprofit child services programs, Headstart program, and local community colleges.

One of the populations targeted by the State Juvenile Health Recovery Advisory Board, authorized by the State Legislature in 1999, was children/youth suspended or expelled from school for behavior problems. The Director of the Division of Children and Youth Services has served as Vice-Chairperson of that group and participated in the development of a proposed plan for identifying needs and serving those children/youth in Mississippi. Related to education, that plan also addressed children in alternative schools in the state who were placed in such programs for behavior problems. As of 9/30/00, the State Attorney General, Chairperson of the Juvenile Health Recovery Board, authorized the children's unit in his office to take the leadership in developing resources and in spearheading implementation of the Plan. The Director of the Division of Children/Youth Services also is a member of the Advisory Committee to the Mississippi Safe Schools, Violence and Dropout Prevention Center, established in FY 1999 and implemented by the University of Southern Mississippi.

Additionally, in FY 2000, DMH staff and MS Department of Education staff coordinated a School Mental Health Task Force to assess the needs and efforts related to the delivery of mental health services in schools across the state. DMH staff also participate on the following committees facilitated by the MS Department of Education: Truancy Task Force, State-level Safe Schools Advisory Board and the State-level Early Childhood Advisory Council.

## MEDICAL/DENTAL SERVICES

Medical/Dental Services, which are accessed for some children through case management, are provided through a variety of community resources, which vary across different regions and communities. Examples

of some medical/dental resources accessed in FY 2000 by individual children's community mental health providers include: federal community health clinics, children's hospital services in a contiguous state, community family practitioners, nurse practitioner, internal medicine specialist, local pediatricians, OB/GYN, rural health clinics, county health departments, private practice psychiatrists, neurologists, regional hospitals, optometrists, ENT specialists ophthalmologists, radiologists, a school-based clinic, the University Medical Center (including psychiatric specialty clinics and the Child Development Center), local dentists and orthodontists, dental screening/referral through Head Start, and, a university dental school in a contiguous state.

Examples of the types of medical/dental services reported as accessed included: general medical evaluation and treatment, specialized children's medical (pediatric) services, preventive medical care (including immunizations), medication monitoring, emergency medical services, acute inpatient care, eye care, home health services, prenatal care, ENT examinations, counseling, radiological services, pharmacy services, prescription assistance, laboratory services, general dentistry (regular examinations, cleaning, etc.), dental extractions, preventive dental care, orthodontics and, oral surgery.

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. Efforts to increase availability of medical services/supports in the community and to improve continuity of medical services across CMHCs and the hospitals continued. In 1999, the Mississippi State Legislature appropriated \$2.25 million in additional state funds for the FY 2000 budget for physician services for children and adults not eligible for Medicaid being served at the CMHCs. The Legislature also appropriated an additional \$500,000 in state funding for the FY 2000 budget for psychotropic medications for children and adults served through the CMHCs.

### **REHABILITATION SERVICES**

Rehabilitation Services are available to youth who are eligible, 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 and who demonstrate that they need ongoing job support to retain employment.

In FY 1998, the Executive Director of the Mississippi Department of Rehabilitation Services signed the interagency agreement for the State-level Case Review Team, adding the state vocational rehabilitation agency to this interagency team for the first time. A representative of the Department of Rehabilitation Services continued to attend State-level Interagency Case Review Team meetings in FY 2000.

Specific examples reported of vocational/employment services accessed for youth by individual children's community mental health service providers in FY 2000 included: basic education, vocational training, Job Corps program, summer jobs, GED program, job training, job search, job placement, supported employment, career development education, and independent living services. These services/programs were provided through a variety of community resources, some of which may vary across communities, including: Job Corps; School to Work programs; the PALS program, public school districts, MS Employment Commission, Allied

Enterprises, Adolescent Offender Program, MIDD-West, local nonprofit agencies, residential program special schools and, the MS Department of Rehabilitation (including the Office of Vocational Rehabilitation).

### OTHER SUPPORT SERVICES

**Housing/Housing Assistance** is available through federal housing programs administered through local housing authorities. In addition to the therapeutic community-based residential programs described previously, examples of housing assistance reported as accessed by community mental health children's service providers in FY 2000 included: family placements, subsidized apartments, rental and/or utilities assistance, Section 8 housing, a first time home buyers assistance program, foster care through the Department of Human Services, (temporary) shelter services, and emergency shelter/housing (including for domestic violence, abuse or neglect) through organizations, such as the Red Cross, the Salvation Army, and local nonprofit entities providing temporary shelter or housing (such as Habitat for Humanity).

In FY 2000, **financial assistance**, such as for medical services, continued to be available through the Division of Medicaid (Office of the Governor), as well as from the Social Security Administration for families/children who meet eligibility criteria for those programs. Local nonprofit organizations (including churches), the Salvation Army, Community Action Agencies, Boys Clubs, YMCA, 4-H Club, Boy Scouts of America, Girl Scouts of America, the Junior Auxiliary, a local school, Head Start, a local university, the Department of Human Services and Catholic Charities, Inc., were also reported as resources for support service assistance. Some examples of other support services reported as accessed by community mental health providers through interagency agreement or coordination included: food stamps, clothing, after school program, week-end programs, therapeutic recreational and art activities, social activities, mentoring, speech therapy, psychological consultation, emergency food, sexual assault services, family education and support.

Additionally, in FY 2000, transportation continued to be provided by some of the community mental health providers for children with serious emotional disturbance. In FY 2000, 13 CMHCs and seven other nonprofit programs reported utilizing center-operated vans/other vehicles for children with SED; eight CMHC's and one other nonprofit program reported making transportation available through affiliation agreement with other agencies; and, six CMHCs and four other nonprofit programs reported utilizing local public transportation (bus, cabs, etc.).

### INTERAGENCY NETWORKING

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

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

In FY 2000, the DMH Division of Children and Youth Services continued to participate on interagency committees and workgroups, including the following:

- State Level Case Review Team
- Governor's Juvenile Justice Task Force
- Children's Advisory Council
- Planning Committee for the Annual "Lookin' To The Future" Conference
- Children's Task Force (of the MS State Mental Health Planning Council)

- Peer Review Advisory Committee
- National Coalition Building Institute
- Minority Issues Task Force
- State Gang Task Force
- Continuity of Care Committee
- Consumer Rights Committee (of the MS State Mental Health Planning Council)
- Family Matters Health Care Committee
- MS Dept. of Human Services State Citizen Review Board
- Juvenile Justice Conference Planning Committee
- MAP Team Coordinators' Meetings

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

- COMPASS Planning Committee
- School Counselors' Task Force
- Mississippi Alliance of School Health meetings (MASH)
- Transitional Age Task Force
- USM Safe Schools Task Force
- Juvenile Health Recovery Advisory Board
- State Level Early Childhood Advisory Council
- Mississippi Health Benefits meetings

In FY 2000, the DMH Director of Children and Youth Services and the Director of Community Support Programs within the Division continued to participate in the meetings of the Children's Advisory Council. The CAC utilized those meetings to review updates of progress by the two project sites, and to reissue and approve the continuation of funds for the projects for the state FY 2001. Minutes of the meetings are available through Mississippi Families As Allies, the Director of which continued to serve as chairperson of CAC. In FY 2000, the Legislature extended the CAC's authority to work with these projects through June 30, 2001.

In FY 2000, the MS Connections Forrest County project served 16 children/adolescents, and the MS Connections Clay County project served eight children/adolescents. The MS Connections project continued to demonstrate successful implementation of a new type of monthly reimbursement, using blended funding pooled from three state agencies: DMH, the Department of Human Services and the MS Department of Education. Additionally in FY 2000, fiscal resource utilization for the Forrest County project was analyzed and will be reported to the Children's Advisory Council in FY 2001.

The Division of Children/Youth Services began including a family member representative, a CMHC Coordinator of Children's Services, and a representative of the Division of Special Education in the State Department of Education in the site/certification visits in the latter part of calendar year 1998. In FY 2000, designated Division of Children and Youth staff continued to participate on the Peer Review Advisory Group. A children/youth peer review orientation was conducted on August 30, 2000, at which new peer reviewers were identified, including a parent of a child with SED. In FY 2000, peer reviewers were included on select site visits, during which family satisfaction surveys and peer review checklists were utilized.

In FY 2000, the Division of Children and Youth staff, in efforts to address the Children's Services Task Force's input on information needed, prepared the first draft of a white paper outlining multi-year projections for FY 1996, FY 1999, and FY 2005. The white paper included long-term population projections, service system needs for the future, an overview of existing services, description of funding issues, and projections related to specific service components of the Ideal Model of the System of Care. This paper provides additional

information for use by the Children's Services Task Force, the Planning Council members, and Division of Children/Youth Services staff for consideration in revision of subsequent annual state plans. The paper integrates and summarizes work accomplished through complementary initiatives to improve the service system during recent years in detailed reference document.

In FY 1999 and FY 2000, a change to the standard requiring each certified provider of case management services for children to establish and operate at least one local-level case review team was included in the proposed revisions to the *DMH Minimum Standards for Community Mental Health/Mental Retardation Services*, to be presented to the State Board of Mental Health in FY 2001. The proposed change would require instead a MAP Team in each CMHC region. This proposed revision is incorporated in a more comprehensive set of proposed revisions to all minimum standards governing all community services certified by the MS Department of Mental Health. (This overall revision was undertaken to address more comprehensively in minimum standards the provisions of the Mental Health Reform Act.)

The DMH Division of Children and Youth Services continued activities in FY 2000 to facilitate development of additional MAP teams statewide. DMH staff provided on-going training and served as a liaison for the targeted MAP Teams in community mental health regions 1, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, and 15. During the annual case management training, DMH staff provided technical assistance to Regions 1, 4, and 11 regarding how to develop MAP Teams. DMH staff also invited representatives from the following counties participating in the IV-E waiver project through the MS Department of Human Services to participate at the monthly MAP Team Coordinators' meetings at which technical assistance was provided: Forrest, Holmes, Jones, Lamar, Madison, Pearl River, Rankin, and Yazoo. Five MAP teams continued to receive state funds for the provision of flexible services for youth identified through MAP teams. Additionally, the DMH also received in FY 2000 new CMHS funding, some of which was allocated for the provision of flexible services for youth identified through four additional MAP teams. In FY 2000, five MAP Teams in Clay, Forrest, Rankin, Hinds, and Yazoo counties received state funds to provide wraparound services to children/youth. Additionally, four MAP Teams in Coahoma, Alcorn, Jackson, and Harrison counties received CMHS funding in FY 2000 to purchase services for children/youth at risk of being inappropriately placed out-of-home. (Nine MAP teams received funding in FY 2000).

In FY 2000, the Division of Children and Youth provided technical assistance to the following child service agencies, providers, and MAP teams on system of care development, proposed required minimum services, and WRAP around services: CMHC regions 2, 4, 6, 7, 8, and 10, all CMHC regions providing day treatment services, and the following county MAP Teams: Hancock County, Adams County, Alcorn County, Pontotoc County, Coahoma County, Pike County, and Lauderdale County.

As mentioned, in FY 2000, Division of Children and Youth staff met monthly with the coordinators of existing MAP Teams and state level representatives of the Department of Human Services and the State Department of Education. Implementation of WRAP around was discussed and documented on agenda and meeting summaries. Technical assistance was provided to the following CMHC regions with local MAP Teams: Regions 1, 3, 4, 8, 10, 11, and 13. Additional training on wraparound services, development of MAP teams, and the DHS IV-E Waiver demonstration project was offered at the Annual Children's Mental Health Institute/WRAP Summit in May 2000.

In FY 2000, Division of Children and Youth staff collaborated with Mississippi Families As Allies for Children's's Mental Health, Inc., in holding the Annual Children's Mental Health Institute/WRAP Summit in May, 2000. The DMH Division of Children and Youth Services also continued support of development of family education/support services, a goal of the Statewide Family Network grant received by MS FAA, as described previously. In February, 2000, Division of Children and Youth staff supported and attended technical assistance training sponsored by MSFAA. Division of Children and Youth staff also continued to

support a Vanderbilt study in which MS Families As Allies for Children's Mental Health coordinated family interviews, by participating in an update meeting on the results of the study conducted by Dr. Craig Ann Heflinger in February, 2000. The study compares selected outcome data for youth in the Medicaid Managed Care Program in Tennessee with data for youth in Mississippi's fee-for-service Medicaid program.

In communities where MAP teams exist, CMHCs and local school districts have formal collaborative arrangements to provide day treatment and other outpatient mental health services. Participation by staff from the MS State Department of Education on the MS State Mental Health Planning Council, the Children's Advisory Council (overseeing the Mississippi Connections Project) and the State-Level Interagency Case Review Team also continued in FY 2000.

In FY 2000, 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. The wrap-around concept and MAP Team training were also included at the 8<sup>th</sup> Annual Children's Mental Health Institute/WRAP Summit and the Annual Case Management Training in May 2000, which service providers funded with CMHS Block Grant funds attended.

In FY 2000, the State Level Case Review Team continued to meet on a monthly basis and more often as needed to discuss and follow-up on "difficult to serve" youth. The team reviewed 43 cases, with summaries of meetings, actions taken, and follow-up documented. DMH continued to fund a position for facilitating the work of the State Level Case Review Team.

The CMHCs and other nonprofit children's mental health service providers continued to work with juvenile justice agencies/entities in FY 2000. Juvenile justice representatives have also continued to be invited to participate in local MAP teams being established throughout the state at the local level. As described in the above objective, the MS Department of Human Services (DHS) continued to provide funding for Adolescent Offender Programs (AOPs), specialized day treatment programs that provide a community-based diversionary program to prevent involvement in the traditional juvenile justice system; DHS also awarded funding for three new AOPs that opened in FY 2000. The MS Department of Mental Health has opened a 50-bed rehabilitation facility to serve juvenile offenders with mental retardation. Construction of a similar facility for juvenile offenders with mental illness is underway. Additionally, DMH staff participated on the Juvenile Justice Conference Planning Committee. DMH staff and local MAP team staff also presented at the Annual Juvenile Justice Conference.

Other specific examples of interagency service arrangements or linkage among different local children's mental health service providers and juvenile justice services (such as with Youth Courts and youth services administered through the Department of Human Services) in FY 2000 included: referral for mental health assessment, collaborative efforts through local Adolescent Offender Programs (as described previously), work with school attendance officers, probation supervision, case management, pre-evaluation screening services, provision of counseling, teen parenting/parenting education, and reports to the court and (professional) testimony.

### **PURSUIT OF GRANTS**

In FY 1999, the Department of Mental Health submitted a proposal for and received a federal grant from the Center for Mental Health Services for a Comprehensive Community Mental Health Services System Project for Children and Families (funding beginning period on 9/30/99). The purpose of this major system development project, initiated in FY 2000, is to enhance coordinated, community-based children's mental health services in the Hinds County area by bringing together current public and private child service agencies

(in the areas of mental health, education, juvenile justice, vocational rehabilitation, protective services and other support services) in a consortium with permeable boundaries across agencies and with the capability to use funds flexibly to meet the needs of individual children and families. This five-year grant will enhance coordinated, community-based children's mental health services in the Jackson area at the service delivery, administrative, and policy levels. Services to be provided utilizing WRAP around principles include crisis intervention, intensive home-based interventions, respite, intensive case management, diagnostic and evaluation services, family support and education, school-based services, therapeutic foster care, and outpatient services such as individual and family therapy.

The Advisory Board of the Juvenile Health Recovery Board requested that the DMH prepare an application in April, 2000, to Georgetown University's Child Development Center for a Policy Academy grant on Developing Systems of Care for Children with Mental Health Needs and their Families. Although not funded, the purpose of the technical assistance grant as proposed was to provide technical assistance for the Executive Officers of the key state-level child service agencies, state legislators and one representative of the Governor's Office. The focus of the technical assistance, led by Georgetown University, would have included identifying policies and regulations of each key public child and family service agency to integrate them into common policies to address needs of children with behavioral/emotional disorders.

In the summer of 2000, DMH Division of Children and Youth Services staff collaborated in the preparation of a grant proposal submitted by the State Attorney General's Office to the Office of Juvenile Justice and Delinquency Prevention to target five communities with existing MAP teams, linking these to local youth courts to develop and implement wraparound service delivery models to divert youth from the traditional juvenile justice system. Final notification of whether or not the project will be funded had not been received officially at the end of the reporting period; however, notification was later received that the proposal was not funded.



## ALCOHOL AND DRUG ABUSE PREVENTION AND TREATMENT SERVICES

### Alcohol and Drug Treatment Public Service System

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

The **Division of Alcohol and Drug Abuse Services** is responsible for establishing, maintaining, monitoring and evaluating a statewide system of alcohol and drug abuse services, including prevention, treatment and rehabilitation. The division has designed a system of services for alcohol and drug abuse prevention and treatment reflecting its philosophy that alcohol and drug abuse is a treatable and preventable illness. The goal of this system is to provide a continuum of community-based, accessible services. The services include prevention, outpatient, detoxification, community-based primary residential and transitional residential treatment, inpatient, and aftercare services. The division provides technical assistance on the development and implementation of employee assistance programs to state agencies and other interested organizations. In order to carry out its administrative duties effectively, the division believes it must adhere to a commitment to quality care, cost-effective services, and the health and welfare of individuals through the reduction of alcohol and drug abuse. All community-based services are provided through a grant/contract with other state agencies, local public agencies, and nonprofit organizations.

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

## **Department of Mental Health Programs**

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

The Chemical Dependency Unit at Mississippi State Hospital, made up of three units with a total of 117 active beds, provides inpatient treatment for individuals with alcohol and/or drug problems. One unit provides services for males in the MSH catchment area and another provides services for females statewide. The service also provides a unit for male patients who are dually diagnosed with Mental Illness/Chemical Addiction (MICA Program). The treatment program includes a short period of detoxification, complete medical care, group therapy, counseling, family conferences, and an introduction to Alcoholics Anonymous.

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

## **Regional Community Mental Health/Mental Retardation Centers**

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

Most centers provide the following substance abuse services: prevention services, employee assistance programs, individual counseling, group counseling, family counseling, outreach/aftercare services, primary residential services (including detoxification services), transitional residential services, vocational counseling, and emergency services (including a 24-hour hotline). Many centers now also provide a 10-week intensive alcohol and drug outpatient program for individuals who are in need of treatment but are still able to maintain job or school responsibilities. In addition, some centers offer day treatment and specialized services for children and adolescents, elderly persons, and women.

## **Nonprofit Providers**

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

## **ALCOHOL AND DRUG ABUSE SERVICE SYSTEM DESCRIPTION OF PROGRAM COMPONENTS PROGRESS AND SERVICE HIGHLIGHTS IN FY 2000**

The FY 2000 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, 1999 - September 30, 2000.

### **NEEDS ASSESSMENT**

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 requests for this information were received and as appropriate. The Division continued to review the needs assessment study outcomes, and the allocation of any additional available funding will be considered with respect to these outcomes.

Information from the Adult Population Household Study was used to address the Assessment of Need in the SAPT Block Grant Application and for the DMH State Plan for FY 2000. This was the first time Mississippi was able to use estimates specific to the state rather than estimates based on national data.

The Division of Alcohol and Drug Abuse continued to collaborate with the Division of Information Systems in order to improve the quality and expediency of substance abuse data collection. A Division of Alcohol and Drug Abuse staff member regularly attended Boston Technologies, Inc. (BTI) Users Group Meetings and assisted A&D programs, when applicable. 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 provide additional information requested by SAMHSA on the National Survey of Substance Abuse Treatment Services (NSSATS)

The Division of Alcohol and Drug Abuse continued to conduct quality assurance of Mississippi Substance Abuse Management Information System (MSAMIS) data forms submitted monthly by the DMH-funded substance abuse programs. Information from these forms were entered into a database system.

Further information can be found in Division of Information Services Systems section of this Annual Report.

### **COLLABORATION WITH OTHER SERVICE SYSTEMS**

The Department of Mental Health, Division of Alcohol and Drug Abuse continued to be a member of the **Mississippi Executive Prevention Council (MEPC)**. The MEPC, coordinated by DREAM, is an interagency committee that facilitates communication among local and state agencies/entities involved in substance abuse prevention services and support.

In FY 2000, the DMH Division of Alcohol and Drug Abuse worked in concert with the **Attorney General's Office** in enforcement of the state statute prohibiting the sale of tobacco products to minors and ensured that the state compliance check survey was completed in a scientifically sound manner.

The DMH Division of Alcohol and Drug Abuse continued its contract with the **Department of Rehabilitation Services (Office of Vocational Rehabilitation)** to fund substance abuse treatment services to individuals in transitional residential programs, statewide.

Staff from the Division of Alcohol and Drug Abuse continued to actively participate on the **Dual Diagnosis Task Force**.

The Employee Assistance Program Services director continued to participate in the **Mississippi Chapter of the Employee Assistance Program (EAP) Association**, which facilitates communication among public and private EAP providers throughout the state.

Staff from the Division of Alcohol and Drug Abuse continued to participate on **The MS Community Planning Group for HIV Prevention**, a diverse body of individuals representative of various HIV and STD-affected communities in Mississippi. This group, coordinated by the State Department of Health, fosters the principles of HIV prevention community planning and develops an annual comprehensive HIV prevention plan for Mississippi.

Division staff also served on the **Mississippi Association of Highway Safety Leaders**, a group whose overall mission is to reduce deaths and serious injuries on Mississippi roadways through public education, increased enforcement of highway safety laws, progressive legislation and support of national and state transportation policies and programs.

The DMH, Division of Alcohol and Drug Abuse, the **Department of Human Services (DHS)**, and several **regional community mental health centers** began a collaborative effort to determine the need for and access to substance abuse services for individuals who receive services through the DHS 's Mississippi Recipients of Temporary Assistance for Needy Families (TANF) program. The relationship between substance abuse and domestic violence is also being studied by this group.

Several DMH staff members, including one from the Division of Alcohol and Drug Abuse, are members of the Mississippi Chapter of the **National Coalition Building Institute (NCBI)**. NCBI is a non-profit organization founded in 1984 in an effort to eliminate prejudice and reduce intergroup polarization.

The establishment of a **Minority Issues Task Force** was one objective of the Department of Mental Health, Community Mental Health Services State Plan. The mission of the task force is to address issues relevant to providing mental health services to minority populations in Mississippi and making recommendations to the Mississippi State Mental Health Planning Council. The Division of Alcohol and Drug Abuse is represented on this task force. This task force has provided training to increase the cultural awareness and sensitivity of several of the DMH service provider programs.

A Division of Alcohol and Drug Abuse staff member serves on the conference committee of the **Mississippi Association of Alcohol and Drug Abuse Counselors (MAADAC)**, which is a certifying body for alcohol and drug abuse counselors.

Additionally, the division is also involved in the **Mississippi Alliance for School Health (MASH)**, a non-profit organization dedicated to promoting and encouraging the use of the Centers for Disease Control and Prevention's components of a coordinated school health program (CSHP).

The division's Prevention Coordinator serves on the Advisory Council for the **Mississippi Council on Problem and Compulsive Gambling**.

## ALCOHOL AND DRUG ABUSE MINIMUM STANDARDS

During FY 2000, an extensive revision process of the Department of Mental Health Minimum Standards for Community Mental Health/Mental Retardation Services continued, which included standards applicable to substance abuse services. The substance abuse standards underwent a comprehensive review/revision process, which included adding a proposed "General" section that contained standards that applied to all substance abuse programs. All other types of program standards were revised to improve clarity and consistency. Also, educational requirements for some substance abuse prevention and treatment personnel were upgraded. Additionally, new standards were proposed that met 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. This process is currently pending completion and approval by the MS State Board of Mental Health.

The Department of Mental Health Consumer Record Guide for the Bureau of Mental Health continued to be utilized during FY2000. Revisions will be made upon approval of revisions to the Minimum Standards.

## PEER REVIEW PROCESS

Peer monitors were selected to oversee the peer review process during each site visit, with support being provided by DMH staff. As appropriate, various peer review monitors assisted the DMH staff with the ongoing development and refinement of the peer review monitoring protocol. DMH staff provided orientation regarding the peer monitoring process to new peer reviewers.

Peer review monitoring for alcohol and drug abuse prevention and treatment programs continued to be conducted in conjunction with selected site/certification visits. More than five percent of the substance abuse programs received peer reviews during FY 2000. Peer monitoring reports were subsequently completed, and copies were sent to programs along with site/certification visit reports.

## PERFORMANCE/OUTCOME MEASURES

The Department of Mental Health formed a Performance/Outcome Measures work group, comprised of DMH staff, service providers, adult consumers and family members in order to begin the process of designing a method to measure the quantity and quality of mental health services provided in Mississippi. The committee had subgroups that functioned to consider major service areas (adult mental health, children's mental health and alcohol and drug abuse). The Division of Alcohol and Drug Abuse, in concert with the alcohol and drug abuse performance/outcome measures committee subgroup, developed a draft of recommended outcome measures for alcohol and drug treatment services and a draft of a functional assessment instrument for use by the DMH-funded substance abuse treatment programs, excluding transitional treatment and aftercare services. The drafts remained in the review/revision process throughout FY 2000.

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 the functional assessment with consumers 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: 1) access to services; 2) appropriateness of services rendered; and, 3) desired outcomes of services rendered.

## SUBSTANCE ABUSE PREVENTION SERVICES

Effective prevention services decrease the need for treatment and provide for a better quality of life. Prevention is a proactive process that involves interacting with people, communities, and systems to promote the programs aimed at substantially reducing the occurrence of alcohol and drug dependency and abuse and tobacco use. Alcohol and drug abuse prevention strategies/activities funded through the division are: information dissemination; education programs; alternative activities excluding alcohol, tobacco, and other drug use; problem identification and referral programs; and, community-based process and environmental initiatives.

In FY 2000, the Division of Alcohol/Drug Abuse continued to make available funding to support prevention activities in fifteen (15) CMHC regions and the private/public non-profit free-standing programs, statewide. The DADA reviewed all grant proposals to verify that prevention service providers were implementing at least three of the six required strategies and that their methods of executing each strategy were sound. The process by which service providers submitted their monthly activity reports to the Division of Alcohol and Drug Abuse continued to be refined during the fiscal year.

DREAM, Inc., a Jackson metropolitan-area based substance abuse prevention program that is partially funded by the DMH, was awarded a three-year cooperative agreement through the Center for Substance Abuse Prevention (CSAP) to establish and operate a Southeast Center for the Application of Prevention Technologies (SECAPT). The purpose of SECAPT was to transfer science-based prevention strategies/activities, through electronic and traditional media, to its designated 12 regions, which include Mississippi. In collaboration with SECAPT, the DMH Division of Alcohol and Drug Abuse piloted an electronic substance abuse prevention data collection system within one of the 15 regional community mental health centers. The pilot center was selected by criteria developed by SECAPT.

As a result of the success of the pilot center, two additional pilot centers were added and equally successful. The DADA accomplished the objective of having all funded prevention programs submit the Substance Abuse Prevention Services Report Form (SAPSRF) via the Internet through the *SURETool* program by Summer 2000. The Prevention Coordinator will use this data to monitor activities, strategies, and funding utilization. DADA believes that this data collection system will serve as a model for other programs nationally.

The DADA sponsored a four-part training series provided by SECAPT on the Logic Model, which outlines seven steps to the development of prevention programs in communities. Also, the DADA awarded 12 grants to service providers to assist them in purchasing a science-based prevention curriculum to be used in their prevention programs.

As directed in the *Five-Year Substance Abuse Prevention Plan*, prevention services were expanded in Mississippi. During FY 2000 two additional RADAR (Regional Alcohol and Drug Awareness Resource) prevention centers and four additional prevention service providers were funded.

During FY 1999, the addition of another new standard for the DMH *Minimum Standards for Community Mental Health/Mental Retardation Services* for alcohol and drug abuse prevention services was proposed to the MS State Board of Mental Health. The standard included the requirement that each regional community mental health center have on staff an individual who is responsible for coordinating prevention activities within the region. Although this new standard continued to be contingent upon the Board's approval, all fifteen CMHCs had identified an individual to serve as prevention coordinator by the end of FY 2000.

## **Tobacco Use Prevention**

Request for Proposal (RFP) guidelines and grant awards for those providers who apply for SAPT funds for alcohol/drug abuse prevention services continued to require all contractors to provide tobacco use prevention information/education activities, approved by the DMH Division of Alcohol/Drug Abuse. All 15 CMHC's and at least 12 free-standing programs whose grant proposals included at least one objective emphasizing tobacco prevention efforts were provided funds to provide tobacco use prevention information at the community level.

During FY2000, the Tobacco Free Coalition, which originated within the MS Department of Health, and focused on broadening tobacco use prevention efforts in MS, was assimilated into a larger and more active association, The State Tobacco Control Advisory Council. This council is also comprised of a variety of state and private agencies whose mission is to achieve a comprehensive approach to tobacco control involving prevention and cessation service. A five-year plan has been drafted. The MS Department of Mental Health has representatives who are actively participating on this council and who were involved in the development of the Plan.

## **EMPLOYEE ASSISTANCE PROGRAMS**

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

The specific activities of EAPs include: (1) consultation and training to appropriate persons in the identification and resolution of job-performance issues related to the aforementioned employee personal concerns; (2) confidential, appropriate and timely assessment services; (3) referrals for appropriate diagnosis, treatment and assistance; (4) the formation of linkages between workplace and community resources that provide such services; and, (5) follow-up services for employees who use those services. During FY 2000, the Employee Assistance Program Services director consulted with and/or assisted eight (8) state agencies in establishing their own EAPs.

At the conclusion of FY2000, a one-day seminar to be presented in November, 2000 was in the planning phase. The topic of the seminar is "Confidentiality Issues Regarding Substance Abuse" to be sponsored by the Division of Alcohol and Drug Abuse, the EAP Services, and the Legal Action Center (an associate of CSAT) from New York. The presenter will be a lawyer on staff at the Legal Action Center.

The DMH Employee Assistance Program (EAP) Policies and Procedures Manual continued to be revised during FY 2000.

## **OUTPATIENT SERVICES**

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

The 10-week **Intensive Outpatient Program (IOP)** is a community-based outpatient program that provides an alternative to traditional residential or hospital settings. The program is directed to persons who have less severe alcohol and drug abuse problems than those that require residential treatment or detoxification. The IOP allows the client to continue to fulfill his/her obligations to family, job, and community while obtaining treatment.

The DMH Division of Alcohol and Drug Abuse continued to make available funding to support general outpatient substance abuse services in all fifteen (15) CMHC regions, which served 8,012 clients in programs funded by the Division during FY 2000.

Funds were also made available to support 13 Intensive Outpatient Programs (11 Adult and 2 Adolescent) in FY 2000. There were 1,829 clients served in these programs during the fiscal year.

### **PRIMARY RESIDENTIAL TREATMENT**

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

Funding continued to support a primary residential treatment program for adult males in all 15 CMHC regions. Three regional community mental health centers were in the process of planning or building new residential facilities. One free standing program moved into a new facility. In FY 2000, primary residential treatment was provided to 8,733 adults.

Primary residential treatment services continued to be available for adult women in 12 mental health regions. One of the new community mental health center facilities mentioned above will include a section for women, which will expand this service into 13 mental health regions. All of these programs also serve pregnant women and two of the programs are specialized to serve not only pregnant women, but women with young children who reside at the program with their mothers.

All substance abuse treatment programs gave priority to the acceptance and treatment of pregnant clients. There have been no significant problems identified in serving pregnant women, including admissions and re-admissions. However, a standard was added to the DMH *Minimum Standards for Community Mental Health/Mental Retardation Services*, which required that all DMH programs must provide services for and give first priority to accepting and providing treatment to pregnant women. This standard was waiting for approval from the MS State Board of Mental Health at the close of FY 2000.

### **TRANSITIONAL RESIDENTIAL TREATMENT**

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

The DMH Division of Alcohol and Drug Abuse made funds available to support 14 transitional residential treatment programs in FY 2000. Ten of these programs serve women, including pregnant women. Two of the programs are specialized to serve not only pregnant women, but also women with young children who reside at the program with their mothers. Transitional residential treatment was provided to an estimated 781 individuals during FY 2000.

**Table 7**  
**FY 2000 Community-Based Primary Residential Alcohol/Drug Treatment Programs**

<b>Location</b>	<b>Program</b>	<b>Agency</b>	<b>Beds</b>
Brookhaven	Newhaven Recovery Center	Southwest MS Mental Health	45
Clarksdale	Fairland Center	Region 1 Community Mental Health Center	50
Columbus	Cady Hill & The Pines	Community Counseling Services	23
Corinth	Timber Hills Haven House	Timber Hills Mental Health Services	15
Greenville	Nunan Center	Delta Community Mental Health Services	18
Greenwood	Denton House	Life Help	30
Gulfport	Live Oaks	Gulf Coast Mental Health Center	20
Jackson	Harbor House	Harbor House, Inc.	44
Jackson	Born Free Residential Treatment Program	Catholic Charities	20
Moselle	Clearview Recovery Center	Pine Belt Mental Healthcare Resources	24
Mendenhall	New Roads	Human Services Center	15
Meridian	Weems Life Care	Weems Community Mental Health Center	20
Oxford	The Haven House	Communicare	15
Tupelo	Region III Chemical Dependency Program	Region III Mental Health Center	30

Location	Program	Agency	Beds
Pascagoula	Stevens Center	Singing River Services	18
Vicksburg	Warren-Yazoo CDC	Warren-Yazoo Mental Health Services	21

**Table 8**

**FY 2000 Community-Based Transitional Residential Alcohol/Drug Treatment Programs**

Location	Program	Agency	Beds
Brookhaven	Newhaven Recovery Center	Southwest Mental Health Complex	12
Clarksdale	Fairland Center	Region 1 CMHC	2
Columbus	The Pines and Cady Hill	Community Counseling Services	14
Columbus	Recovery House	Recovery House, Inc.	17
Corinth	Timber Hills 3/4 Way House	Timber Hills Mental Health Center	10
Greenville	Nunan Center 3/4 Way House	Delta Community Mental Health Services	12
Jackson	Friendship Connection	Center for Independent Learning	12
Jackson	New Beginnings Transitional Residential Treatment Program	Catholic Charities	10
Jackson	Metro Counseling, Inc., Transitional Services	Metro Counseling, Inc.	18
Jackson	New Life for Women	New Life for Women	20
Moselle	Clearview Recovery Center	Pine Belt Mental Healthcare Resources	24
Meridian	Alexander House	Weems Community Mental Health Center	17
Pascagoula	Stevens Center	Singing River Services	8
Tupelo	Region III Chemical Dependency Program	Region III Mental Health Center	22
Whitfield	MICARE	Mississippi State Hospital	12

## OUTREACH/AFTERCARE SERVICES

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

In January, 1999, the 1999-2000 edition of the Division of Alcohol and Drug Abuse, Mississippi Alcohol and Drug Treatment and Prevention Resources directory was published and distributed. Four thousand copies were initially printed. Again, additional reprints were required. At the conclusion of FY 2000, approximately 6,000 copies of the resource guide had been distributed. This directory was also placed on the DMH Internet web site to increase its accessibility.

The DMH Division of Alcohol and Drug Abuse continued to make funding available to support substance abuse outreach/aftercare services in all fifteen (15) CMHC regions.

After several years of effort, the Hinds County Drug Court Model Program was implemented under the direction of the Hinds County Circuit Court. The proposed mission of this program was to establish a system that more effectively reduces crime in Hinds County by positively impacting the lives of substance abusers and their families. The treatment-based drug court provides an alternative to the traditional, segmented method of handling criminal cases by forming partnerships between the criminal justice system and the treatment/human services community. The target population of the program is first-time, non-violent offenders, ages 17 and above, with medium to high levels of alcohol and drug use, who have no prior felony convictions for non-drug related charges, and who are not severely mentally impaired. Persons charged with possession of controlled substances or similar violations are eligible for this program. Persons charged with violent or property crimes are not eligible. Some misdemeanor offense cases are eligible on a case by case basis. This model unites the judge, prosecutors, public defenders, treatment providers and others in forming a "judicially supervised drug court team" whose primary objective is to rehabilitate the defendant.

An evaluation process determines whether or not an offender is eligible for the program. Participation is voluntary. If he/she is eligible and declines, then the traditional judicial process will proceed. If the defendant agrees to participate, then he/she begins a multi-phased treatment, rehabilitation and support program. If an offender does not adhere to the treatment phases, the judge may impose sanctions of varying degrees including mandatory jail time. If the offender does successfully complete the program, then he/she will not receive a felony conviction.

At the conclusion of FY 1999, the Division of Alcohol and Drug Abuse allocated funding support for a private, non-profit free standing community-based program that implemented Phases III & IV of the Drug Court Program, and the program began operation during FY 2000. Its primary responsibilities were to administer aftercare and intensive case management to the participants. This involved a course of continuing care for the participants and preparing them to re-enter the community. Responsibilities included but were not limited to the following: a) becoming involved with the participants during Phase II in developing treatment plans and planning support strategies when the individual enters Phases III & IV; b) providing a minimum of two years follow-up when the individual enters Phases III & IV; c) providing regularly scheduled group meetings focusing on maintaining recovery, peer encouragement and support, relapse prevention, problem-solving, self-help and personal growth, and alcohol/drug-free activities and other basic "tools" that may be needed to maintain a drug and crime-free lifestyle; and, d) assisting individuals in obtaining needed

pre-employment skills and/or to secure employment, literacy education, GED courses, vocational training, job search assistance, and assistance in obtaining other needed services.

### **INPATIENT SERVICES**

Inpatient or hospital-based facilities offer inpatient treatment and rehabilitation resources for persons with more severe alcohol and/or drug abuse problems. Inpatient treatment provides intensive services to meet the needs of individuals that cannot be met in a less restrictive, community-based setting. Inpatient treatment usually includes detoxification, assessment and evaluation, intervention counseling, aftercare, a family program and referral. Training is provided to enhance personal growth, to facilitate the recovery process, and to encourage a philosophy of life which will support recovery.

In FY 2000, a total of 142 active (staffed) beds for inpatient chemical dependency treatment for adults were maintained at Mississippi State Hospital and East Mississippi State Hospital. East MS State Hospital also maintained ten active (staffed) beds for inpatient substance treatment for adolescents during the fiscal year.

### **VOCATIONAL SERVICES**

Each primary residential treatment program provides vocational counseling to individuals while they are in the treatment program. Transitional residential programs focus more on the pursuit and acquisition of vocational, employment, or related activities.

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. The Office of Vocational Rehabilitation served 627 clients with a primary disability of alcoholism and 587 clients with a secondary disability of alcoholism during this period.

### **SPECIALIZED PROGRAMS**

The service system also includes special programs or services designed specifically to target certain populations, such as women, children, DUI offenders and state penitentiary inmates with substance abuse problems. These specialized programs may include various components of the service system described previously.

#### **Special Women's Programs**

The Division of Alcohol and Drug Abuse continued to make available funding to support two existing specialized transitional residential treatment programs for pregnant women. Fairland Center is operated through Region One Mental Health Services and located in Dublin, MS and the other, New Beginnings, is operated by Catholic Charities in Jackson, MS.

Additionally, DMH Division of Alcohol and Drug Abuse continued to make available funding to support a day treatment program for women and women with dependent children at Metro Counseling Center in Jackson, a private nonprofit organization. All services for pregnant women and women with dependent children also include support, such as aftercare and AA, pre and post-natal care and education, parenting skills, medical care, and other needed services.

## Primary Residential Treatment Services For Adolescents

Residential treatment centers for adolescents with substance abuse problems provide treatment services for youth who need intensive intervention. These programs have a schedule of activities that includes individual counseling, psychotherapeutic group counseling, self-help groups, family counseling, education services dealing with substance abuse and addiction, educational programs at the appropriate academic levels, vocational counseling services, and recreational and social activities.

Three community-based residential programs for adolescents with substance abuse problems continued to be provided by community mental health centers and/or other private or public nonprofit organizations. Adolescents with dual disorders of substance abuse and mental illness were also accepted in these programs. In FY 2000, a total of 180 adolescents received services.

In FY 2000, a designated Division of Children and Youth staff member collected data from all 15 CMHCs regarding the number of youth being served with dual diagnosis. This staff member also collaborated with the Division of Alcohol and Drug Abuse to propose revisions to the *DMH Minimum Standards* for existing specialized community-based residential programs serving youth with dual diagnoses of substance abuse and emotional disturbances. Additionally, this staff member monitors and provides technical assistance to community-based residential programs serving children/youth with dual diagnosis.

**Table 8**

### FY 2000 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	24

### Services for Prisoners

Through a contract with a private nonprofit provider, Metro Counseling Center (formerly New Hope Foundation, Inc.), the DMH Division of Alcohol and Drug Abuse provided funding for day treatment services for women at the Rankin County Correctional Facility; this program served 281 individuals during FY 2000.

Funding was also made available to support a specialized transitional residential substance abuse treatment program for women transitioning from correctional facilities.

During FY 2000, each newly admitted inmate to the Mississippi State Penitentiary at Parchman was screened for alcohol and drug problems.

During FY 2000, 1,667 inmates were served in the residential alcohol and drug program at the Mississippi State Penitentiary in Parchman, MS.

## **DUI Program**

The Division of Alcohol and Drug Abuse continued to support DUI assessment and treatment services for convicted DUI multiple offenders. These services continued to be available through the 15 community mental health centers and several public/private non-profit substance abuse treatment programs.

Division of Alcohol and Drug Abuse staff continued to receive and process "Certification of DUI In-Depth Diagnostic Assessment and Treatment Program Completion" forms. This form is used by programs certified by the DMH to document DUI assessments substance abuse treatment for DUI offenders, including the individual's completion of DUI assessment and treatment for the purpose of eventual license reinstatement through the Mississippi Department of Public Safety.

## **DUAL DIAGNOSIS**

The DMH Division of Alcohol and Drug Abuse made available funding to support one transitional residential facility for individuals with dual disorders (substance abuse and mental illness). The Division contracted with Mississippi State Hospital (MSH), Division of Community Services to provide this service. In FY 2000, \$250,000 from SAPT funds was allocated to the Division of Community Services at Mississippi State Hospital for a 12-bed community-based residential facility for individuals with a dual diagnosis of substance abuse and serious mental illness. This facility was operational throughout the fiscal year. During FY 2000, a total of 33 individuals who were diagnosed with a substance abuse disorder and serious mental illness were served through this community-based residential facility.

In FY 2000, the DMH allocated \$1,489,488 from SAPT funds to the CMHCs for services to individuals with dual diagnosis of substance abuse and mental illness. All CMHCs received funds that could be used for direct services and for training of staff in the area of dual diagnosis services. In FY 2000, the 15 CMHCs and the Community Services Divisions of the two larger state psychiatric hospitals reported serving 6360 adults with a dual diagnosis of substance abuse and serious mental illness.

In FY 2000, the Dual Diagnosis Task Force met on January 5, 2000 and July 21, 2000. A Dual Diagnosis Task Force Report was given to the MS State Mental Health Planning Council on June 30, 2000. The task force sponsored a training conference funded by the DMH for mental health professionals on integrated treatment and program development for individuals with dual diagnosis. The keynote speaker at the training conference, held on February 23-24, 2000, was Dr. Richard Rosenthal.

## **SSI/SSDI RECIPIENTS**

As of December 31, 1996, P.L. 104-121 declared that alcohol and drug dependency could no longer be considered a disability. Subsequently, the Social Security Administration discontinued disability payments to SSI/SSDI recipients whose primary diagnosis was alcohol and/or drug abuse.

The United States Congress then gave states additional funds to provide priority treatment to former SSI/SSDI recipients who lost their disability payments and their Medicaid eligibility and to current recipients who were subsequently found eligible because of another disability and who have a co-occurring substance abuse disability. Therefore, the DMH Division of Alcohol and Drug Abuse is maintaining a pool of funds, aside from regular contract allocations, to pay for priority services to these individuals.

Throughout FY 2000, contact staff within the mental health regions continued to find SSI recipients in their respective regions and assist them in accessing services. As an incentive, the rates for all substance abuse services provided to SSI recipients were increased. Additionally, Division staff personnel continued to

coordinate this service by assisting the mental health regions in identifying eligible recipients and verifying their eligibility.

### **GROUP HOME REVOLVING LOAN FUNDS**

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

### **HUMAN RESOURCE DEVELOPMENT**

Community programs funded by the DMH must have a staff development component within their organizations in accordance with DMH *Minimum Standards*. Compliance with this requirement was monitored during routine site visits. Given availability of resources, the DMH Division of Alcohol and Drug Abuse also provided funds to help support service provider personnel's attendance at other training opportunities.

The DMH Division of Alcohol/Drug Abuse staff continued to provide ongoing technical assistance to alcohol/drug abuse service providers funded by the DMH Division of Alcohol and Drug Abuse on regularly scheduled site, certification and record monitoring visits. Division staff also provided technical assistance to providers requesting help in specific areas, i.e., treatment plans, charting, etc.

Seven Addiction Services Information Support Team (ASIST) training sessions were held in FY 2000. Target training areas included: grant writing, resource networking, a four-part series on prevention and the utilization of the SECAPT software program, SURETool, for capturing prevention data. DMH continuing education credits were offered. Approximately 200 service providers attended these trainings. Division staff considered requests received for technical assistance as well as information obtained by service providers on site/certification visits in planning ASIST training activities.

One regular activity is the DMH DADA's support of the Southeastern School for Alcohol and Drug Studies held annually at the University of Georgia in Athens. The DADA is the state sponsor and organizer for the MS delegates. Each year over 30 Mississippi substance abuse treatment and prevention professionals attend. Also, the DADA provides scholarships to pay for the cost of tuition for approximately 20 qualified attendees each year. In FY 2000, the Division of Alcohol and Drug Abuse provided 22 stipends for individuals to attend and fully sponsored three individuals to participate in the SE Leadership Institute.

The DMH DADA also payed for the registration fees for adults and youth to attend the Jackson State University Summer School for Alcohol and Drug Studies. In FY 2000, 40 stipends were made available for adults and youth to attend the Summer School in Biloxi, Mississippi. Included in the curriculum was a certification course for administration of the Substance Abuse Subtle Screening Inventory (SASSI), which is frequently utilized as part of the DUI Diagnostic Assessment process. Twenty substance abuse professionals received certification in the administration of this instrument.

As mentioned previously, the DMH Dual Diagnosis Task Force annual conference presented Dr. Richard Rosenthal as the keynote speaker. This conference was well attended by substance abuse and mental health professionals, statewide, and continuing education credits were offered.

## SUPPORT SERVICES

### **TB Risk Assessments**

Consumers entering residential treatment programs continued to receive a physical examination upon entering the program. Until recently a TB skin test was normally a standard part of the examination. Many of the Health Department district offices began decreasing the number of skin tests administered due to the high volume of requests. Therefore, the DMH TB risk assessment was developed. A TB risk assessment tool was developed by the DADA and approved by the Tuberculosis (TB) Control Division at the Department of Health. The Department of Health trained therapists on use of the assessments and many of the DMH treatment facilities began to utilize the instrument. All persons determined to be at high risk for having TB were referred to the Department of Health for additional services.

The Division of Alcohol and Drug Abuse has proposed a new standard to be added to the Minimum Standards for Community Mental Health/Mental Retardation Services, which would require that clients receiving all types alcohol and drug treatment services at programs certified by the DMH be assessed for the risk of tuberculosis by the service providers and referred for testing, if determined to be high-risk.

Upon approval of the new Minimum Standards for Community Mental Health/Mental Retardation Services, TB risk assessments and subsequent follow-up testing, as needed, would be documented on a separate form also 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. At the conclusion of FY 2000, the proposed standard remained contingent upon the approval of the State Board of Mental Health.

### **AIDS/HIV Risk Assessments**

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.

The Division of Alcohol and Drug Abuse submitted a new standard to be added to the Minimum Standards for Community Mental Health/Mental Retardation Services which required that clients receiving all types alcohol and drug treatment services at programs certified by the DMH would be assessed for the risk of HIV/AIDS by the service providers and referred for testing, if determined to be high-risk.

Upon approval of the new Minimum Standards for Community Mental Health/Mental Retardation Services, the HIV/AIDS risk assessment and subsequent follow-up testing, as needed, will be documented on a separate form also 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. At the conclusion of FY 2000, the proposed standard remained contingent upon the approval of the State Board of Mental Health.

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.



## 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. In FY 2000, public short-term inpatient psychiatric and chemical dependence services for adolescents in the state were provided at East Mississippi State Hospital, and short-term inpatient psychiatric services for children and adolescents were provided at Mississippi State Hospital. Nursing facility services are located on the campuses of both of these hospitals. North Mississippi State Hospital and South Mississippi State Hospital provide acute psychiatric services to male and female 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 adolescents 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:

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

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

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

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

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

The **Adolescent Psychiatric and Chemical Dependency Service** provides youth, age 12 to 17 years, 11 months, from a designated service area in the state, with short-term psychiatric treatment. Chemical dependency treatment is available through the service to adolescents statewide. The Magnolia Grove School, a special school program approved by the MS Department of Education, provides adolescent patients with state-approved, continuing regular and special education while they are hospitalized.

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

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

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

## **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. (See map of MSH service area on p. 4.)

Mississippi State Hospital is licensed by the Mississippi Department of Health, Division of Health Facilities Licensure and Certification. MSH provides psychiatric, chemical dependence, medical/surgical, and forensic services for adults and acute psychiatric services for children/adolescents. In addition to a range of inpatient services, MSH also provides some community-based programs in the Jackson area. Nursing home services are also operated on the campus of MSH. (See Table 12 on page 88)

### **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 117 beds (active, staffed), treats patients for alcohol and/or drug problems. There are two separate units for males and females. The service also provides a unit for male patients who are dually diagnosed with Mental Illness/Chemical Addiction (MICA Program). The treatment program includes a short period of detoxification, complete medical care, group therapy, counseling, family conferences, work on the first 4 or 5 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 32-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 (32 beds), 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 (12 beds).

**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 new acute-care regional psychiatric facility in the state, opened in June, 2000. SMSH serves Lamar, Forrest, Marion, Perry, Greene, Wayne, Jones, Covington, and Jefferson Davis counties in community mental health region 12. As beds are available, however, SMSH has

been taking admissions from some counties in Region 13, as well as individuals on waiting lists from the other state hospitals.

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;
- 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 more accessible to individuals' homes, family, friends and community can more actively support the treatment, aftercare and recovery of individuals served at the hospitals.

**Table 10**

**EAST MISSISSIPPI STATE HOSPITAL Fiscal Year 2000-Institutional Services**

<b>Institutional Services</b>	<b>Adult Psychiatric Services</b>	<b>Adolescent Service</b>	<b>Adult CDU Services</b>	<b>Nursing Homes</b>	<b>Totals</b>
<b>Inpatients on 7-1-99</b>	301	30	24	220	575
<b>Additions</b>	904	152	333	52	1,441
First Admissions	413	139	201	51	804
Readmissions	433	18	124	1	637
Transfers	12	2	0	0	14
Voluntary Admissions	1	2	1	52	56
Involuntary Admissions	891	148	332	0	1,371
<b>Discharges</b>	960	142	332	57	1,491
<b>Inpatients on 6-30-00</b>	245	40	25	215	525
Average Daily Census	312	32	25	215	584
Active Beds on 6-30-99	332	50	25	226	633
Licensed/Approved Beds on 6-30-99	332	50	25	228	635
<b>Days of Patient Care</b>	113,872	11,821	9,051	78,489	213,233

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 11**

**EMSH Community Services**

<b>Community Services</b>	<b>Total Clients Served*</b>
Alternative Living Arrangements (Group Homes & Apartments)	63
Case Management Program	147
Amenity Center	41
Psychosocial Rehabilitation	250
Training Center	91

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

**Table 12**  
**MISSISSIPPI STATE HOSPITAL Fiscal Year 2000 - Institutional Services**

Institutional Services	Psychiatric Hospital	Chemical Dependence Unit (Adult)	Med./Surg. Hospital	Nursing Home	Adolescent Unit	Totals
Inpatients (7-1-99)	677	126	18	469	43	1,333
Additions	1,032	685	102	76	230	2,125
Intra-Admissions	0	186	440	258	2	886
First Admissions	417	497	66	70	197	1,247
Readmissions	615	188	36	6	33	878
Transfers	23	1	20	0	0	44
Chancery 90 Day	0	683	0	0	0	683
Voluntary Respite	0	0	0	0	0	0
Voluntary Alcohol Commitments	0	1	0	0	0	1
Involuntary Commitments	971	0	81	0	226	1,278
Voluntary Commitments	4	0	1	76	4	85
Discharges	937	824	98	87	236	2,128
Intra-Discharges	0	54	418	259	7	738
Inpatients (6-30-00)	654	116	16	418	32	1,276
Average Daily Census	660	115	21	456	43	1,295
Active Beds	698	117	32	479	60	1,386
Licensed/Approved Bed Capacity	1,347	132	43	479	60	2,061
Days of Patient Care	241,631	42,157	7,559	166,797	15,596	473,740

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

Licensed Bed Capacity: The maximum number of beds approved by the state licensing (certifying) agency for the facility's use in providing inpatient care. Of Mississippi State Hospital's total licensed bed capacity, 246 beds are in closed buildings, and 429 beds are not currently staffed or equipped to appropriate patient care (2,061 - 1,386 = 675).

**Table 13**  
**Community Services**

Community Services	Total Clients Served
Alternative Living Arrangements	128
Case Management	325
Psychosocial Rehabilitation	98

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

## PROGRESS AND SERVICE HIGHLIGHTS IN FY 2000 INPATIENT PSYCHIATRIC FACILITIES

### PLANNING

Each of the four regional psychiatric hospitals engaged in various planning activities in FY 2000 to improve operations of the facilities.

**East Mississippi State Hospital:** Throughout the fiscal year, the hospital administration continues to monitor and plan through such activities as: regular financial monitoring and reporting from the business office; monitoring of expenditures and the current budget status on a monthly basis by the EMSH Fiscal Management Committee; consultative and advisory functions of the EMSH Internal Governing Board which meets monthly; requests and recommendations from the EMSH medical staff regarding needs related to the provision of clinical services; requests and recommendations from the EMSH Quality Council regarding such things as unanticipated needs, requirements, etc., identified through the ongoing quality assessment activities of the hospital at every level; identification of needs through licensure surveys; and, identification of needs generated through changes in federal and state laws and regulations, etc.

The results the hospital's implementation of continuous planning efforts throughout the fiscal year to maintain, develop and/or improve facility operations and services are assessed and documented in EMSH's Annual Progress and Statistical Report. This report provides detailed information of the fiscal year's activities, measured against stated hospital goals and objectives. Upon completion of the Annual Progress and Statistical Report for the fiscal year, the planning cycle begins anew for the next fiscal year, and remains ongoing.

**Mississippi State Hospital:** MSH continued planning efforts to maximize effectiveness and efficiency of organizational leadership and structure. The Strategic Planning Committee met quarterly. MSH also held Department Head and Executive Committee Meetings monthly. Morning briefings were conducted daily with reports to hospital leadership from the Medical Officer of the Day, Evening and Night Administration, and Police/Security. Reports were on the activities of the previous evening and night affecting the daily operations of the hospital. Annual goals and objectives were set for FY 2000, and the progress in meeting those goals and objectives was monitored through quarterly reports submitted to hospital administration.

**North Mississippi State Hospital:** The leadership of North Mississippi State Hospital designed and implemented a formal committee system that allows for continuous strategic planning and improvement of facility operations and services. Based on the Joint Commission on Accreditation of Healthcare Organizations' (JCAHO) comprehensive standard manual, several interdisciplinary key function review committees are assigned the responsibility of ensuring hospital-wide compliance with these quality standards of care. 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 suggestions for improvement through the formal committee system.

Ultimate decision-making, planning and improvement approval are accomplished by the Administrative Management Council that encourages open communication throughout the organization. Additionally, periodic focus groups allow departmental staff to informally exchange concerns with hospital leadership.

The Community Services Director at NMSH has established a quarterly meeting with the three mental health centers in the NMSH catchment area to help ensure a high level of continuity of care across the services provided by the hospitals and the centers.

**South Mississippi State Hospital:** SMSH opened and took its first patient on June 12, 2000. Planning activities for FY 2000 centered on preparation for the opening of the facility, staff recruitment and hiring activities. Planning also focused on establishing community involvement with those entities that would be closely involved with implementing the goals of the facility, including the evolution of a continuum of services for the individuals served at SMSH.

Key function groups were established for the major JCAHO identified functions with team assignments. Forms were developed for reporting of performance improvement opportunities, printing opportunities and implementing performance improvement teams. Leadership education was held on the Performance Improvement program.

Staff from all four psychiatric facilities participated in interagency committees that are tasked with planning and improving the statewide system for psychiatric services. Committees in which facility staff participated included, but were not limited to:

- MS State Mental Health Planning Council
- Crisis Services Task Force
- Continuity of Care Committee
- Children's Services Task Force
- Consumer Rights Committee
- Dual Diagnosis Task Force

## **ADULT SERVICE SYSTEM**

### **Inpatient Psychiatric Services**

The total number of individuals served through inpatient services for adults at the four state psychiatric hospitals in FY 2000 was 4,602. EMSH served 1,562 individuals, MSH served 2,520 individuals, NMSH served 502 and SMSH served 18 individuals (includes chemical dependence treatment). For a more specific break-down of individuals served through the various service units at the comprehensive psychiatric hospitals (EMSH and MSH), refer to the tables on pages 87 and 88.

### **Community Services**

During FY 2000, MSH served 551 adults and EMSH served 215 adults through their Community Services programs.

### **Nursing Home Services**

During FY 2000, MSH served 545 adults, and EMSH served 272 adults through their nursing facility programs.

### Crisis Intervention Services

As mentioned previously, in 1999, funding was approved for construction of seven state crisis intervention centers to be operated as satellites to existing and new facilities operated by the Department of Mental Health. The role of these 17-bed centers will be to provide more immediate access to treatment for individuals in crisis, including those who are voluntarily seeking services or who have been committed to one of the state hospitals when a bed is not readily available. The crisis centers will provide short-term treatment and stabilization services 24 hours a day, seven days a week.

The centers will work with the local community mental health centers to provide services for individuals who voluntarily seek emergency services and are likely to be referred for civil commitment. It is believed that many consumers in crisis can be treated at a crisis center and returned to the community without an inpatient admission to a psychiatric hospital. Construction is underway for the first two centers: one in Corinth (to be operated by NMSH), and one in Newton (to be operated by Central Mississippi Residential Center). The locations of the 5 other centers and facilities that will operate them are listed below:

- Batesville (NMSH)
- Brookhaven (MSH)
- Cleveland (MSH)
- Grenada (MSH)
- Laurel (SMSH)

### CHILDREN/ADOLESCENT SERVICE SYSTEM

EMSH and MSH served a combined total of 456 children and adolescents in their inpatient programs. EMSH served 182 adolescents with psychiatric and/or alcohol/drug problems. MSH served 273 children/adolescents in their acute psychiatric program.

### GENERAL FACILITY TREATMENT SERVICES

#### Consumer Education

The significant impact psychoeducation has on individuals with mental illnesses is emphasized at the state-run psychiatric facilities. The following are highlights from the psychiatric hospitals on improvements and expansion of their psychoeducational services during FY 2000.

**East Mississippi State Hospital:** Program services include psychoeducational services to patients. Although group treatment is therapeutic, some groups, such as medication, diagnosis, community resources, etc., have a strong emphasis on psychoeducation. As documented on the Therapeutic Pass Form and Discharge Form, families and patients are given educational materials by nursing staff who also educate family and patients on the handouts provided, questions, and treatment.

The Adult Male Alcohol and Drug Service Unit furnished a resource center with current materials to which the patients have access. All patients are encouraged to use this material to gain a better understanding of the disease concept of addiction and to supplement the materials routinely utilized in the treatment programs.

**Mississippi State Hospital:** An initiative to expand therapeutic programming was developed with additional recreation therapists being hired to work from 12-8:30 p.m. The use of existing ward management meetings that incorporated patient perspectives when planning programs was expanded to include patient input on safety issues.

The Anger Management Assessment Tool (Pilot Study) was developed as a means of involving the patient and, if appropriate, family members, in identifying behavior control techniques that can be incorporated in the treatment plan and used to assist the patient with behavior control.

The Dental Department provided instruction on oral hygiene to all patients/residents/consumers at MSH.

**North Mississippi State Hospital:** As a new facility, the importance of developing a comprehensive psychoeducational program at NMSH was stressed. Various psychoeducational groups are provided to address the needs of the entire patient population. Individual sessions are also offered to expand on this service.

A need was also identified to acquire printed materials that could be used by consumers to increase their knowledge of most any psychiatric illnesses. A "rolling" psychiatric library was developed to provide easy access to these materials. In addition, many other forms of information are available for consumer use, such as videos and books.

After six months of operation, a new alcohol and drug education group was established to specifically address needs of the dually diagnosed (mental illness-substance abuse) population. A certified alcohol and drug counselor facilitates this group.

### **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 improvements in family education programs at the state psychiatric hospitals:

**East Mississippi State Hospital:** In accordance with Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) standards, a social worker completes an assessment of a family's ability to benefit from education about the consumer's illness and the role of the family or other interested party in the individual's treatment and recovery. This assessment helps determine the type of education that is best suited to meet the needs of the patient and family members.

Family conferences increased significantly in FY 2000 as families have become more responsive to staff requests to attend. Family conferences contribute substantially to discharge planning and the provision of aftercare services.

**Mississippi State Hospital:** Each patient's social worker provided family members with information at the time of admission, including patients' rights, expectations of the family, available services and treatment planning. When appropriate, social workers scheduled family conferences with the patient, the patient's family/significant other and treatment team members in order to discuss diagnosis, treatment options, prognosis, treatment goals and objectives, and discharge planning options. Family conferences were scheduled for every patient on the Oak Circle Center Child/Adolescent Unit. In other service areas, social workers attempted to schedule at least one family conference for each patient during their admission at MSH. 444 family conferences were documented in FY 2000.

Upon discharge of consumers, family members were provided with information on aftercare services, medications, financial benefits, community resources for housing, medical services and transportation. In addition, referrals were made to the Regional Community Mental Health Centers and support/education groups such as Bridges and Family to Family.

The Social Services Department revised the Social Work History/Assessment Form to improve the process of determining the educational, as well as psychosocial needs, of the patients' families.

**North Mississippi State Hospital:** A Patient/Family Educational Record was developed and incorporated into the treatment routine as a means of ensuring that family education is offered. Treatment team members conduct sessions based on specific needs of families, and family members have the opportunity to ask questions of staff during visitations and at the time of discharge.

### **Groups and Activities**

The psychiatric facilities are continually evaluating the effectiveness of their treatment programs. The following are examples of improvements or expansion of group and other activity programming made during FY 2000:

**East Mississippi State Hospital:** Each psychiatric ward in the hospital provides various group sessions with group content and presentation style determined by the strengths and needs of the patients who attend. Dual diagnosis groups are offered to those patients who may benefit from this type of specialized group. With the exception of adolescents, all patients, including those in Community Services, may attend AA meetings two nights a week. Programming includes Saturday Groups conducted by Psychology Department personnel and weekend groups conducted by nursing personnel. Additionally, campus-wide activities are planned and provided by the Activities/Recreation Therapy Department.

**Mississippi State Hospital:** Occupational Therapy and Central Mississippi Industries Sheltered Workshop developed and implemented a program designed to provide a concentrated training environment for patients with cognitive and behavioral deficits to facilitate their transition to an employment setting.

Jaquith Nursing Home (JNH) recreation therapists designed a new system to track and document resident activities. They also provided activity notebooks, conversation guidelines/starters and idea sheets to residents. A Dining Assistance Program was also established and implemented at JNH. All staff were trained in dining assistance, assistive/adaptive equipment usage and safe positioning techniques.

At the Community Services Opportunity House, members established a VIP Forum to give daily reports from each unit. They met monthly and made all decisions for social functions and other decisions concerning the clubhouse. Opportunity House also opened a Member Bank in April 2000, with 12 members participating. Additionally, all consumers attending Opportunity House were trained in the use of JATRAN and applied for their ID, Social Security Card and Birth Certificate, if needed.

Several special campus-wide recreational activities were held in FY 2000 for consumers, such as a golf tournament on the hospital's Harry O'Steen Golf Course, an Independence Day Celebration, a Fishing Rodeo at the MSH Campground, Serendipity Art Show featuring works by MSH patients, residents and other consumers, an Air Show, Christmas Parade and MSH Day.

**North Mississippi State Hospital:** NMSH continually increased the variety of topics it incorporated into group therapy sessions. Examples of specific topics which were added/developed during FY 2000 included domestic violence, practical living skills and parenting skills.

More activities were held for consumers by the Recreation Department, such as dances and van rides. With the hiring of two full-time recreational therapists, there was a significant increase in fitness activities. This increase is attributed to a full regimen of organized leisure and exercise activities plus the installation of outdoor exercise equipment. Consumers are trained on the proper use of this equipment by recreation staff. Future plans include the addition of a walking trail on the grounds of NMSH.

### **Novel Antipsychotic Medications**

Each of the psychiatric hospitals reported use of novel antipsychotic medications during FY 2000. Use of these medications is broken down by facility as follows:

**East Mississippi State Hospital:** A total of 638 individuals received novel antipsychotic medications during FY 2000.

**Mississippi State Hospital:** An average of 650 patients per month received novel antipsychotic medications in FY 2000.

**North Mississippi State Hospital:** 320 patients received atypical antipsychotic medications during FY 2000.

**South Mississippi State Hospital:** 3 patients received novel antipsychotic medications during the first three weeks of operation at SMSH.

## **SUPPORT SERVICES**

### **Information Management**

The regional psychiatric facilities expanded and improved their information management systems during FY 2000 in the following ways:

**East Mississippi State Hospital:** EMSH acquired 46 microcomputers, 14 laser printers, 1 video projector and 1 flat-bed scan. A new file server for main campus LAN (local area network) was installed. Use of ORYX software was also implemented and EMSH began transmitting data to the National Research Institute using this system.

**Mississippi State Hospital:** The Information Management (IM) and Voice Services Division responded to 1,026 help line calls in FY 2000, while maintaining 585 Local Area Network (LAN) accounts. Staff trained 224 employees in software classes and responded to 1,834 telecommunications work order requests.

The LAN infrastructure (hubs/hardware) was upgraded from megabyte to gigabyte and a Hewlett Packard central server was purchased and installed. The connection of 12 out of 22 campus buildings

to the existing campus LAN, utilizing fast ethernet modems to expand accessibility to ECHO Group, was completed.

An ECHO online address-o-graph machine was installed to allow Reimbursement, Jaquith Nursing Home (JNH) and Admissions to generate blue cards directly from ECHO. This eliminated duplicated work and reduced errors. IM distributed and installed 70 personal computers and 40 printers campus wide.

In Community Services, Stubbs House, Case Management and Villa Hope computers went online in August 1999 and were installed with e-mail capabilities to MSH.

IM installed Facilitate Software and hardware to implement a Windows environment including a preventive maintenance system. The software was upgraded to allow multi-user access on the LAN environment giving the capability to integrate work orders and inventory.

The conversion of MDS+, a long-term care software package, from DOS Software to Windows Software was completed at JNH including installation of a new hardware server and 11 new personal computers.

A new Pharmacy hardware system was implemented. The upgrade provides the software necessary to chart drug utilization against ECHO patient demographics.

Several software projects were evaluated and completed during FY 2000. Software for call management was installed in IM allowing detailed reports of all calls campus wide for patient and employee protection. MediFax Software was installed in the Admissions, Health Record Management and Reimbursement Departments. This allowed Reimbursement to verify Medicare eligibility including the verification of the correct reimbursement name for ECHO's profile screen. Track-It! Software was installed in IM to allow accurate distribution of work orders.

**North Mississippi State Hospital:** NMSH purchased and implemented a patient information database program from UNICARE. This system allows staff to track patient information electronically. Additional digital telephones were also installed to provide optimum communication efficiency for staff.

**South Mississippi State Hospital:** SMSH purchased hardware and software to set up a NOVELL network. The hospital also purchased several PC workstations and installed Microsoft Office 2000 on each workstation. The Definity phone system was installed, and SMSH purchased the UNICARE hardware and software system to establish a patient demographic database.

### **Training**

The number of employees completing **new employee basic orientation** at each of the regional psychiatric hospitals during FY 2000 was:

<b>East Mississippi State Hospital:</b>	211
<b>Mississippi State Hospital:</b>	592
<b>North Mississippi State Hospital:</b>	44
<b>South Mississippi State Hospital:</b>	58

**Additional new employee orientation** activities were conducted at the psychiatric hospitals to address specific training required by individual staff roles:

**East Mississippi State Hospital:** The Direct Care Training Program is designed to improve the direct care services provided to patients/clients of this facility. Forty individuals completed this training.

Nurse Aide Competency Training is designed to train aides working in the nursing homes. After completion, individuals are certified as a Nurse Aide by the Board of Nursing. Forty-five individuals completed this training.

CPR training is offered to employees utilizing techniques of the American Heart Association. This training is offered to nursing personnel and other professionals each month during orientation. 224 individuals completed this training.

TMAB (The Management of Aggressive Behavior) training, is designed to increase the knowledge of mental health professionals and paraprofessionals in the management of hostile and aggressive clients/patients appropriately, safely and effectively. 363 individuals completed this training.

The Case Managers Training Program is offered twice a year and is coordinated jointly with the Department of Mental Health, Division of Community Services. The second offering was cancelled this year. 21 individuals completed this training.

**Mississippi State Hospital:** Through Staff Development, 592 new employees were trained on TMAB, CPR, MANDT, Fire Safety, Body Mechanics and the Vulnerable Adults Act. There were 172 new employees who completed DCT/DCW advancement, and 196 employees completed DCT/CNA advancement.

**North Mississippi State Hospital:** All employees attend a general orientation program that lasts four days. Topics include areas such as infection control, safety issues, performance improvement, TMAB and CPR. Clinical orientation lasts approximately 10 days and covers additional topics specific to patient care. Part of this training is conducted on the treatment units so that staff may receive "on-the-job" training under the supervision of experienced nurses and mental health technicians. 14 individuals completed clinical orientation during FY 2000.

In addition to this training, employees who work in specialty departments, such as housekeeping, dietary, security and medical records, received training from their supervisors on skills specific to their job functions.

**South Mississippi State Hospital:** General orientation is a four-day training program for all SMSH employees. This includes a two-day classroom overview including infection control, sexual harassment, drug-free workplace, security, age-specific competencies, one-day techniques for the management of aggressive behavior and one day CPR certification. Administrative, clinical and support service employees are required to complete this four-day general orientation. Clinical staff members are required to complete one week of clinical orientation and one week on the day shift prior to assignments in the clinical area. Fifty-eight employees completed training during the fiscal year.

At all four state psychiatric hospitals, staff participate in **required annual training** that covers specific key areas to maintain required levels of competency. Training topics include Techniques in the Management of

Aggressive Behavior (TMAB), CPR, Seclusion/Restraint Usage 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 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 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**

The two comprehensive psychiatric hospitals have continued positive affiliation with various higher educational institutions, serving as a primary training site for practical application of skills. The following lists illustrate the magnitude of these academic linkage efforts:

**East Mississippi State Hospital:**

<u>Training Program</u>	<u>Discipline</u>	<u>Institution</u>	<u>Total # Participants</u>
Student Externship	Nursing	Meridian Community College	169
		Jones County Junior College	44
		University of West Alabama	46
Student Externship	Psychology	Mississippi State University	6
		University of Southern Mississippi	5
		Jackson State University	2
		University of Mississippi	2

**Mississippi State Hospital:**

<u>Training Program</u>	<u>Discipline</u>	<u>Institution</u>	<u>Total # Participants</u>
Two-day EMT	EMT	Jones County Vocational School	10
Nursing Clinical Rotation	Nursing	52 Colleges/ Universities	928
One-semester Clinical Practical Training	Psychology	JSU	1
One-year Clinical Practical Training	Psychology	JSU	7
One-month Clinical Practical Training	Psychology	JSU	2
One-year Clinical Practical Training	Psychology	USM	2
One-month Clinical Practical Training	Psychology	Tougaloo	7
Summer Clinical Practical Training	Psychology	Belhaven	3
Summer Clinical Practical Training	Psychology	Millsaps	1
Summer Clinical Practical Training	Psychology	Arizona State	1
One-year Pre-doctoral Residency	Psychology	Univ. of Pittsburgh	1
One-year Pre-doctoral Residency	Psychology	Univ. of Memphis	1
One-year Pre-doctoral Residency	Psychology	Calif. School of Professional Psychology	1
One-year Pre-doctoral Residency	Psychology	Nova Univ.	1
Six-week Clinical	Medical Records	Hinds CC	1
Three-month Residency	Pastoral Care	UMC, VA Medical Center	4
Clinical Rotation	Physical Therapy	Hinds CC	6
14-week Internship	Therapeutic Recreation	Grambling State	4
14-week Internship	Therapeutic Recreation	JSU	4
14-week Internship	Therapeutic Recreation	USM	1
14-week Internship	Therapeutic Recreation	Univ. of Miss.	1
Practicum	Therapeutic Recreation	Pearl River CC	3

<u>Training Program</u>	<u>Discipline</u>	<u>Institution</u>	<u>Total # Participants</u>
Practicum	Therapeutic Recreation	JSU	2
One-year Master's Internship	Social Work	JSU	8
Bachelor's Internship Block Placement	Social Work	USM	2

**North Mississippi State Hospital:** During FY 2000, NMSH was in the process of establishing practical experiences for nursing students from area colleges. It is anticipated that nursing students will be under the supervision of their instructors and will learn through observation of patient participation in activities, such as groups and admission assessments. These education affiliation programs are expected to be arranged on an annual contractual basis and likely to begin in FY 2001.

### Public Information

Staff from the four psychiatric hospitals were actively involved in educating the public about their services, accomplishments and mental health issues in general during FY 2000. The following are examples of these efforts:

#### **East Mississippi State Hospital:**

- *The Eastern Exposure*, a quarterly newsletter that provides information about EMSH, was sent to employees, elected officials and members of the EMSH Friends organization.
- Displays, slide presentations or speakers representing EMSH provided information about EMSH at 12 different special functions, civic organizations and workshops.
- There were 14 news releases to the local media about EMSH.
- 17 tours of EMSH were conducted for the general public, other service providers and court representatives interested in the services offered by EMSH.
- The EMSH web page was maintained and updated to disseminate information about EMSH on the Internet.
- An information handbook about EMSH was sent to the courts, mental health centers and individuals who are interested in the services of EMSH. This handbook describes the different treatment services offered, types of admissions, admission process and various other processes pertinent to both families or guardians and patients. Brochures and information packets about the different services offered from EMSH were also available.
- Information was made available for prospective employees at local job fairs, about the benefits of working for the hospital.

**Mississippi State Hospital:** Through the Public Relations/Marketing Services Division, the public was educated through the Speakers Bureau, campus tours, special events, use of conference centers and communications efforts.

The Speakers Bureau had 37 employees who spoke to community groups and conducted presentations at educational conferences on the local, state and national levels.

Staff conducted 47 campus tours with 966 people participating, including business leaders; patients' families; VIPs from India; university, college and high school students; Legislative committee members and a movie crew.

The public was invited to and participated in 38 special events including educational meetings, patient art shows, a Fourth of July Celebration, the Christmas parade and holiday activities, dedication of the MSH Museum and MSH Day.

Through the conference centers at MSH, 113 public groups held meetings, workshops and special programs on campus. Internally, hospital staff hosted 240 meetings/events for both hospital employees and the general public.

Staff sent 245 press releases to statewide media and answered 123 requests for information. In addition, 105 brochures, programs, flyers and other public information materials were designed, printed and distributed, and 1,486 informational packets were prepared and distributed to hospital visitors.

During May and June 2000, the hospital hosted a crew of reporters and photographers from Time magazine producing a series of articles for a July 4 special edition, *The Pulse of America*. The articles specifically addressed mental health issues in Mississippi. The hospital was used as the primary site to localize the story and to learn more about mental health treatment and services. This Time story prompted additional stories by CNN and ABC World News Tonight.

**North Mississippi State Hospital:** NMSH continued to take a proactive approach to educating the public on the hospital's provision of services. Staff were regularly invited to speak to community civic groups, local agencies and churches. Additionally, the public was informed through local printed and broadcast media services. NMSH also developed brochures and other written materials that are strategically placed throughout the community to help educate the public about NMSH and its services.

**South Mississippi State Hospital:** The hospital's director participated in several interviews with the Hattiesburg-American and The Times, both local newspapers. Additionally, she educated several interested persons at the MHA Behavioral Healthcare Society and MS State Mental Health Planning Council meetings. Throughout the year, she made personal contacts to answer questions and provide information to the community.

The hospital dedication and grand opening was held on May 18, 2000. In attendance were several hundred invited guests and community members.

On April 27, 2000, the facility's director and clinical director spoke to a class of psychology students at William Carey College.

The hospital's public relations director represented the hospital in the following organizations: United Way of Southeast Mississippi, Public Relations Association of Mississippi, Area Development Partnership Leaders for a New Century and the Hattiesburg Area Women's Forum.

On June 26, 2000, SMSH hosted a luncheon for Chancery Clerks, judges, sheriffs and other county personnel involved in the admissions process. County coordinators from the regional mental health centers also attended.

## 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. Formal volunteer organizations have also been established and provide a visible contribution to meaningful projects at the psychiatric hospitals. The descriptions below illustrate some of the contributions through these volunteer programs in FY 2000:

**East Mississippi State Hospital:** Volunteer services coordinated with area churches/organizations to provide every patient in the hospital with a gift and a celebration party at Christmas. Volunteer services hosted a Volunteer Recognition ceremony on campus to recognize all volunteers who participated in the program. Six new volunteers were recruited during the fiscal year.

**Mississippi State Hospital:** The Volunteer Services Program coordinated 6,641 volunteer visits to the hospital in FY 2000 with 3,839 volunteers participating. These volunteers contributed 26,564 hours of time valued at \$351,707. Volunteers worked in the Christmas House, which accepts community gift donations and hosts seasonal activities for patients and residents; at Serendipity, the patient art show; and with numerous other events for patients and employees.

Friends of Mississippi State Hospital, Inc., the hospital's volunteer support organization, raised over \$36,000 in FY 2000. All of those funds were designated for patient activities and events, and special programs for the hospital.

The Clothing/Donation Center received a total of 593 donations at an estimated value of \$149,587. The total monetary donations made to the Volunteer Patient Fund for FY 2000 was \$26,458.

**North Mississippi State Hospital:** Volunteers were a vital part of service provision at NMSH. Individuals and groups volunteered to lead worship services and bi-monthly songfests. Clothing and other needed items were donated by community friends and local agencies/businesses. During FY 2000, the official NMSH non-profit volunteer organization, *Friends of NMSH*, was in the process of being organized.

## Other Support Services

The following reflects additional activities that reflect accomplishments in FY 2000 through various other support services that play integral roles at the two comprehensive psychiatric hospitals:

**East Mississippi State Hospital:** During the fiscal year, the Personnel Department and the Risk Management Department developed a modified duty program, which was implemented in April. Employees who are injured on the job and are temporarily unable to perform their regular duties because of such injuries, but are able to perform light or altered duties, are placed in the modified duty program until they recover sufficiently to return to the regular duties for which they were originally employed. This program enables injured employees to return to work quicker, performing modified duties, thus lessening the time they have to spend away from work and speeding up their return to the full duties for which they were hired. Workers Compensation statistical studies verify that such modified duty programs reduce Workers Compensation costs, and lessen the amount of time employees would otherwise stay out of work because of work related injuries. Injured employees must meet certain appropriate criteria to be assigned to the modified duty program. They are also monitored closely regarding their health status and work productivity and quality during the time they are assigned

to the modified duty program. With the program being implemented for only three (3) months, beginning in April, it is premature to assess the true effectiveness of the program as yet. However, EMSH has already seen that a majority of the employees who sustain work related injuries are able to return to work rather quickly performing some modified level of duty. This translates into significant financial savings, not only in Workers Compensation costs, but also in personnel costs.

The Medical Records Department was able to increase its staffing in September, 1999. A much needed office pool was created to process discharged patient records more quickly and efficiently. These changes enabled the department to identify and reorganize the filing of incomplete discharged patient records, as well as to notify clinical staff in writing on a weekly basis about charting issues. This process has facilitated charts of discharged patients being completed in a timely manner in accordance with licensure regulations and other pertinent regulations.

### **Mississippi State Hospital:**

#### Census Management

In FY 2000, the Utilization Review Department implemented the use of the InterQual ISD/AC criteria (a clinical decision support criteria) for Oak Circle Center and WMSH. The InterQual criteria are used to help assess the clinical appropriateness of the patient's admission, continued stay and discharge from the acute-care setting.

In January 2000, a "Pilot Project" with Jaquith Nursing Home (JNH) was implemented to assist in pursuing Medicaid eligibility for new admissions and residents without Medicaid. At that time, 65 JNH residents did not have Medicaid benefits. As of the end of the fiscal year, all but 10 residents had been determined Medicaid eligible.

#### Health Records Management

Through RECORDEX, 88,000 records from 1900-June 30, 1972, were boxed and stored.

In April 2000, the department coordinated the National 2000 Census gathering of information for patients/residents/consumers and staff at MSH.

The department filled 2,813 requests for release of information in FY 2000.

#### Landscape Services

The following projects were completed through the Landscape Services Department:

- Stubbs Food Service Facility Grounds
- MSH Museum Entrance
- Campus Tree Planting Project
- Tree Nursery - partially funded by a grant from the Mississippi Forestry Commission
- Highway 468 Tree Planting
- Rose Garden
- Building 69 (Jaquith Nursing Home) Landscape

### Physical Plant Services

The division performed surveys to determine customers' opinions of waste and pest control services. The results of the survey indicated that most customers favored the quality of pest control and waste services. Performance indicators were developed to monitor the success of pest services and the facility's ability to remove medical waste from the grounds within seven days. The hospital stayed in compliance throughout the fiscal year.

A Fire Ant Management Plan was designed to capsulize all measures in operation to eliminate the threat presented by fire ants on campus.

All Housekeeping personnel received training in proper cleaning techniques to keep work and service areas sanitary and free of litter, clutter and broken or unused equipment... The employees in Housekeeping monitored the buildings to determine if cleaning met expectations.

The Coordinator of Environment of Care completed an inspection of all patient units and compiled a list of the 10 most common problems identified during this annual inspection.

Physical Services developed a long-range plan to review planning over the next 20 years.

### Hospital Security

In FY 2000, the Police/Security Department conducted 191 investigations, responded to 3,334 routine calls and assisted with 417 medical transport calls. The department assisted with 2,293 patient admissions. Two officers graduated from the Mississippi Law Enforcement Officer Training Academy.

### Transportation Services

The department made 77,414 carry-all calls to and from various destinations on the MSH campus. In FY 2000, patients continued to be transported to church, work and treatment meetings. There were 2,713 patients and employees transported off campus for activities.

## 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 of performance improvement involves the use of performance improvement projects, which are identified and later measured and monitored based on evidence from specific data collection efforts. Projects typically involve more staff and cover a longer period of time than performance improvement activities to realize the impact of improvement efforts. 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. Both performance improvement projects and activities will be addressed in this report.

### Performance Improvement Projects

**East Mississippi State Hospital:** A study was conducted by the nursing staff in the Community Services Division regarding consumers' knowledge of medications they receive. This study identified a knowledge deficit related to medication side effects. The data collected was used to form an

educational tool used in group sessions. Improved understanding by consumers has been demonstrated through appropriate verbal and written responses.

Another study identified a need for a departmental orientation manual in the Community Services Division. The manual addresses all Community Services disciplines as well as general policies of EMSH. Copies of the manual have been distributed.

Receiving Services participated in a project related to the use of restraints. Measures were taken to reduce the use of restraints and several environmental changes were made. A decrease in the number of restraints was noted during the project.

The initiation of the ORYX project began in fiscal year 2000. ORYX is an initiative developed by JCAHO whereby performance indicators are selected by participants from a pre-determined list. These indicators are then compared with other facilities across the nation. The two indicators selected by EMSH are the 30-day re-admission rate and the elopement rate. Development of a system to collect data for the indicators was completed. Data collection began in March 2000 and was submitted to the National Association of State Mental Health Program Directors Research Institute (NRI) in April 2000. Quality checks are performed on the data by NRI, then compiled and returned to EMSH. Additional performance measures will be selected in the near future.

#### **Mississippi State Hospital:**

##### Seclusion and Restraint: Reduction of Use

There was a marked reduction in the use of seclusion and restraint at MSH. This is an ongoing project to continually evaluate the use of seclusion and restraint since the implementation of MANDT training. In May 1999, MANDT training was incorporated into orientation, and staff began training existing employees. MANDT is a systematic training program that teaches employees to de-escalate themselves and patients when they have lost control. The philosophy of MANDT is based on the principle that all people have the right to be treated with dignity and respect. The basic and intermediate MANDT modules emphasize a calm, professional approach and the use of a graded system of alternatives, exhausting all nonphysical alternatives prior to using physical interventions. The overall effectiveness of this project will continue to be evaluated. It is also projected that the number of on-campus MANDT trainers will be increased to improve the efficiency of ensuring that all staff are annually re-certified in MANDT techniques.

##### Treatment Plan: Improve Consistency

A project was initiated to measure and improve the quality of treatment plan completion. There were 25 separate criteria targeted for improvement that deal with specific elements of treatment plans. The results showed an increase in compliance on 23 of the 25 criteria. Hospital-wide aggregate data showed an increase in compliance levels from 61 to 81 percent. The project is ongoing and has not yet reached the level of compliance expected. Plans are to discontinue measurement of indicators which have shown consistent success over time while continuing to measure those indicators which have not shown improvement. This plan will help to maintain an intensive approach to the project as a whole while decreasing the overall staff resources being used to measure the success of the project.

##### Transportation: Improve Efficiency

A shuttle system was implemented to mirror that used in public transportation shuttle systems. This shuttle system operates on a regular schedule with pick-ups at designated locations occurring on a routine basis opposed to the old system in which transport services simply responded to staff requests

from various locations throughout the MSH campus. The new system has decreased the number of actual trips the transportation department makes to transport patients. At the same time, the average number of patients per transport increased without over-crowding transport vehicles. The project will continue with work toward construction of bus stop shelters.

Nursing and Residential Living Attendance: Reduce Call-ins

This project was more successful in regard to reducing call-in rates for nurses in FY 2000. There will be continued focus on causes of call-ins and more interventions will be implemented.

**North Mississippi State Hospital:**

Formulation of Treatment Planning Process

This effort continues to improve individualization of patient treatment plans. As the use of NMSH's initial treatment plan was benchmarked with a sister facility, the need for refining treatment planning processes was identified. A training manual was developed and training was provided to ensure more specific, accurate and detailed documentation. Pre and post-intervention data collection revealed significant improvements in the quality of patient treatment planning.

Chart Audit

This project addressed a more continuous monitoring and trending of medical records entries. Implementation of a chart auditing tool revealed several areas in need of improvement throughout consumer records. Staff training was provided and consistent improvements have been shown in targeted areas.

Patient Weight Gain

This project addressed the significant weight gain that was identified with most patients. A team of staff researched possible causes and implemented an intervention that primarily reduced the caloric intake of consumers during snack times. Reductions in weight, which have been maintained over time, were significant and immediate.

**South Mississippi State Hospital:** Since the hospital was open only 12 days in this fiscal year, the focus was on developing an overall Performance Improvement program and beginning an orientation plan for this program.

**Performance Improvement Activities**

**East Mississippi State Hospital:**

Adult Education

Measures have been taken to increase the awareness of the adult education program and to increase the number of patients participating in the program.

Dental

The data regarding dental infections and prophylactic use of antibiotics is collected and evaluated by the Community Services Director of Nursing and the R. P. White Nursing Facility Directors of Nursing.

### Dietary

The R. P. White Nursing Facility is involved in two performance improvement activities: Dietary Services has developed a questionnaire to determine the satisfaction of residents and a systematic process for monitoring food temperatures has been implemented.

### Employee Health

Data collection for the needlestick study continues. This will be used as a benchmark for EMSH and MSH.

A system change was noted in the employee "flu" vaccine program. The Friends Organization assisted with cost of the vaccine. The program was promoted through the QA department.

### Fire and Safety

An organization-wide education program on Defend-in-Place techniques was initiated through the EMSH Safety Committee. A video called *Code Red* was developed by several Safety Committee members. Unit specific inservices are in progress.

### Infection Control

A study was conducted on the test scores given to new employees during Orientation. The analysis of questions missed on post test revealed the need to revise the Standard Precautions content in the Infection Control segment of New Employee Orientation and Annual Inservice.

The Infection Control Coordinator was involved in the R. P. White Nursing Facility 202 study on residents with "flu symptoms". The need for flu vaccines and pneumonia vaccines offered to patients was identified. The project was successful. Ninety-three percent of the patients were vaccinated. A maintenance plan for keeping the pneumonia vaccines current was initiated.

### Medical Library

The new Medical Library was organized to meet the needs of staff and patients.

### Medical Staff

The QI activities involved increasing awareness and compliance in Basic Life Support (BLS). The project included arranging Advanced Cardiac Life Support (ACLS) classes to the physicians who desired ACLS certification. These classes teach advanced assisted breathing techniques, heart monitoring and interpretation and treatment of heart and lung problems with administration of medications, usually intravenously.

### Pharmacy

A data collection process was developed to address incomplete pharmacy orders.

### Psychology

Case reviews were conducted during the peer review session. A survey administered to staff attending the peer review session was given at the end of the session.

### Public Information

An initiative was addressed to increase awareness of staff about the Friends Organization. An educational segment was added to the New Employee Orientation, and an effort to increase the number of new employees joining the Friends Organization was instituted.

### Receiving Services

In an effort to determine the effect the Clearing House Unit had in relation to patient flow through the hospital, a limited length of stay was conducted. The study tracked admission date to the hospital, transfer date to the Clearing House Unit, pass dates, discharge dates, placement for patients, referrals, lengths of stay with and without a pass and reasons for patients remaining longer than two weeks. The study was useful in identifying situations that contributed to increases in length of stay.

### Staff Development

Staff Development addressed attendance for annual required training. A new system for physician coverage that increased medical staff compliance with training requirements was developed.

### Utilization Review

The project involves tracking the 90 day time frame following admission. The projects includes organization of data collected.

### Workers' Compensation Program

A need for a modified duty program was identified. A modified duty program was designed and implemented in April.

### **Mississippi State Hospital:**

Administrative rounds were implemented and performed by over 150 administrative staff.

Clinical Services was reorganized to place the supervision of Direct Care staff under Nursing.

New surveys were implemented for both patient satisfaction and family satisfaction.

Procedures were revised within the Admissions Department to reduce the amount of time on waiting lists, the number of individuals on waiting lists and vacancy rates.

**North Mississippi State Hospital:** Ways to decrease the length of time between patient discharges and their community clinic appointments were addressed. NMSH also identified the need for more structured hair care services and the need to provide pastoral services.

### **Mississippi Department of Health Licensure**

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

**East Mississippi State Hospital:** East Mississippi State Hospital maintained sufficient compliance with the MS Department of Health, Division of Health Facilities Licensure and Certification to maintain the Reginald P. White Nursing Facilities license as an Institution of the Aged or Infirm and the East Mississippi State Hospital license to provide services for adult and adolescent psychiatric and substance abuse treatment.

The MS. Department of Health conducted a regular licensure survey of the Reginald P. White Nursing Facilities during the fiscal year. EMSH corrected the deficiencies cited in the survey report, which was confirmed by follow-up surveys by the MS Department of Health.

The MS Department of Health conducted a licensure survey of EMSH's adult and adolescent psychiatric and substance abuse services during the fiscal year. EMSH is currently working to correct the deficiencies cited in the survey report. A number of the licensure deficiencies involve major repair and renovation of aging buildings and have required a temporary short term, as well as permanent long term solution to be planned and acted upon.

**Mississippi State Hospital:** The Mississippi Department of Health (MSDH), Division of Licensure/Certification performed an annual review of the MSH campus in April 2000. Deficit areas were identified, and corrections were made and maintained.

The MSDH Division of Health Facilities Licensure/Certification performed an annual survey of Jaquith Nursing Home (JNH) in February 2000. Areas of non-compliance were identified and corrections were made and maintained. In May 2000, JNH received notice from the Health Care Financing Administration (HCFA) that MSDH determined that the corrections made placed the facility in substantial compliance with all requirements for licensure and certification.

In March 2000, representatives from the State Office of the Attorney General, the State Board of Nursing and MSDH conducted an unannounced inspection of JNH at 2 a.m. One area of care was found not in compliance and required an immediate plan of correction, which was accepted by MSDH. The facility received recognition from one of the Attorney General's Office Special Assistant Attorneys for the nursing staff's care of the residents and for the staff's response to the unannounced inspection.

**North Mississippi State Hospital:** NMSH regularly reviews and monitors processes initially established under the Department of Health's regulations. One such effort involves the continuous evaluation of medical records to ensure compliance with these regulations. NMSH maintained its licensure status in FY 2000.

**South Mississippi State Hospital:** During this fiscal year, policies and procedures were presented to MSDH's Division of Healthcare and Licensure. Provisional licensure was granted the second week in June. A Department of Health survey was scheduled for August 2000.

### **JCAHO Accreditation**

The following efforts were made during FY 2000 to achieve and/or maintain Joint Commission on the Accreditation of Healthcare Organizations accredited status by the four regional psychiatric hospitals:

**East Mississippi State Hospital:** East Mississippi State Hospital's efforts to begin an incremental accreditation process whereby certain services would be readied and surveyed for accreditation, with plans to progress incrementally throughout the remainder of the hospital services over a designated period of time, was denied by JCAHO. Therefore, the focus of preparation had to be broadened to include the entire hospital, nursing homes, and community service programs. This expanded preparation will require much greater effort and it will take longer before all of the services are adequately prepared for a JCAHO accreditation survey.

The majority of activities during the fiscal year were related to organizing and educating staff, as well as developing and implementing required processes and procedures. Specific initiatives have been described previously.

**Mississippi State Hospital:** The MSH campus began an active "ramp-up" for a triennial JCAHO survey. Internal mock surveys were performed, and a "TIPS" survey preparation booklet was developed. Processes for improvement were identified. MSH prepared for a campus-wide Mock JCAHO Survey. In November 1999, MSH Receiving Services underwent a successful Extension Survey from JCAHO.

**North Mississippi State Hospital:** NMSH has established a formal committee and reporting system that corresponds directly to JCAHO standards. Processes were reviewed and monitored regularly throughout the fiscal year to assure continued compliance with accreditation standards. An initial JCAHO survey was conducted in January, 2000, resulting in NMSH receiving provisional accreditation status, with a follow-up survey scheduled for the first part of FY 2001.

**South Mississippi State Hospital:** A Performance Improvement/Utilization Nurse was hired. Key function groups were established to assure that JCAHO standards for specific areas were addressed. Medical staff bylaws were drafted and approved, and a credentialing process was implemented.

### **Risk Management**

The Risk Management divisions at each psychiatric facility proactively addressed safety issues during FY 2000. The following describes significant risk management activities:

**East Mississippi State Hospital:** All grinders in the Maintenance Shop have been refitted with new abrasive wheels. With the installation of new abrasive wheels, work rests for each grinder were appropriately adjusted in order to be positioned within a minimum of one eighth (1/8) inch from the abrasive wheel. At this point in time, all tongue guards were also inspected and if necessary, were adjusted in order to be positioned no more than a minimum of one-fourth (1/4) inch from the abrasive wheel.

All empty freon cylinders have been removed from the Maintenance Shop. All charged cylinders remaining have been stored in an upright position, with safety caps in place and secured in position by a chain.

Eye protection in the form of safety glasses and other personal protective equipment in the form of gloves and aprons have been made readily accessible adjacent to the respective work site, where laundry chemicals are required to be handled by employees.

Employees have been informed of requirements mandating the use of the personal protective equipment and have also been informed that compliance with hospital rules, regulations and policies regarding safety is a condition of employment.

On March 31, 2000, the Senior Risk Control Consultant with Sedgewick James, Inc., conducted a risk control survey on the grounds of East Mississippi State Hospital which targeted the Reginald P. White Nursing Facilities.

A meeting was conducted with the Housekeeping Supervisor and Nursing Home Administrator and a decision was made to begin using dispensable non-skid floor mats in shower areas in all of the licensed nursing facilities.

To address the risk of employee slip and fall injuries, EMSH discussed and plans to purchase higher profile signs that say "Caution, Wet Floors." Short cones had been used previously.

The floor fans currently in use at Reginald P. White Nursing Facility No. 101 weigh approximately thirty (30) pounds and are currently being moved manually. EMSH plans to provide carts with wheels so that fans may be moved more easily between resident rooms to reduce possible lifting injuries by employees. After discussing the problem with the Nursing Home Administrator, the decision was made to order wheeled carts on which the fans may be strapped and moved safely from one area to another.

Risk Management identified that not all woodworking power tools located in the Activity/Therapy Building had appropriate safety guards. As a result, all power tools in the Hobby Shop had appropriate safety guards installed in FY 2000.

**Mississippi State Hospital:** Through Risk Management, 25 safety inspections were conducted in compliance with licensure and accreditation standards. To improve processes to maximize awareness of safety and investigative services information to all customers, staff reviewed and made recommendations on the following reports: Security (3,954), Accident (735), Safety Investigations (16), Worker's Compensation Claims (537) and Tort Claims (14). Departmental Safety Policies were reviewed and the Environment of Care Manual was updated.

MSH developed a Personal Alarm System (Pilot Project) that included the purchase of electronic scanners with bar code scanners to improve accountability of administrative and night rounds, and to provide a document record of the times and location of rounds made by security personnel and administrators.

In FY 2000, the Critical Incident Stress Management Team (CISM) was in place to provide services and procedures designed to prevent and mitigate traumatic stress reactions of MSH staff. The CISM team, clinical services employees, are available 24 hours a day and may be contacted by any employee.

The Safety & Investigative Services Department coordinated visits with various agencies conducting investigations either initiated by MSH or by other persons outside the hospital. Those agencies with their total visits were Mississippi Protection and Advocacy System, Inc. (45), Office of the Attorney General (30), Mississippi State Department of Health (11), Loss Control (3) and Mississippi Department of Human Services (6).

The Fire Safety Department conducted quarterly inspections, through Systronic Inc., on the fire alarm systems in all patient buildings, Whitfield Medical Surgical Hospital (WMSH), and Buildings 56 and 113. All deficiencies were corrected. An annual inspection was made on the sprinkler systems in Buildings 23, 33, 34, 46, 48, 56, 71, 87 and 93 by Love Sprinkler and Supply Company. Carbon monoxide detectors were placed in all residential staff homes, Buildings 42 and 65 (Staff Dormitories) and Community Services residential group homes. All fire extinguishers at the hospital and in the group homes were inspected quarterly. Semi-annual life safety inspections were made on all patient buildings. Annual life safety inspections were made on all day buildings and staff residential homes, with random follow-up inspections. The hospital participated in two disaster drills during FY 2000, one internal and one area wide. Fire drills were conducted quarterly on all Jaquith Nursing Home buildings and WMSH.

Fire drills were conducted monthly on each shift on all patient buildings and quarterly on all day buildings. The fire alarm panels were updated on 10 patient buildings.

In Community Services, all Direct Care Workers began working three weekends per month to ensure the safety of consumers, as well as staff. This change allowed for increased coverage on weekends that was in compliance with MSH's weekend staffing policy. In addition, a privacy fence was installed around the Kitty Mitchell Group Home parking area.

**North Mississippi State Hospital:** The Risk Management/Safety Officer addressed each safety issue through an investigation of cause. Additionally safety issues are addressed during annual staff training.

**South Mississippi State Hospital:** The Risk Manager conducted a comprehensive facility inspection and issues pertaining to Environment of Care were addressed as needed. An Emergency Preparedness Plan was developed and distributed to department directors. The initial draft of the Safety Management Plan and the Security Management Plan were developed.

### **Consumer Rights and Advocacy**

Extreme care is taken at the DMH psychiatric facilities to honor the rights and preserve the dignity of the consumers served. At the time of admission, each patient is provided a copy of his/her rights while a patient at the facility. The patient'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 actively involved in the Consumer Rights Committee, which is a committee of the MS State Mental Health Planning Council.

The four psychiatric hospitals have also established Human Rights Advocacy Committees that review all cases involving patient complaints and incidents involving possible violations of patient rights. Additional committees that have impact on preserving patient rights include the Special Treatment Procedures Committee at Mississippi State Hospital which monitors and reviews use of seclusion, restraints and protective devices and the Ethics Committee which provides advice to consumers and staff when faced with difficult decisions regarding patient care.

### **Consumer Satisfaction**

The psychiatric hospitals have all instituted processes for measuring the satisfaction levels of the individuals they serve. Many of the performance improvement projects and activities discussed previously may be derived from the results of consumer feedback. As such, efforts to gain accurate accounts of consumer satisfaction are taken seriously. During FY 2000, the following activities were performed at the psychiatric hospitals to develop and/or improve processes to measure consumer satisfaction:

**East Mississippi State Hospital:** The hospital currently utilizes various formal and informal procedures to assess consumer satisfaction and to evaluate and respond appropriately to results of such assessments. EMSH also continues to refine and expand ways to facilitate the identification of consumer satisfaction levels. At the present time, several means are utilized, including, a formal Patient Satisfaction Survey that each patient and their families are requested to complete at the time of the patient's discharge. These surveys are collected by the Patient Advocate Office and summary data are communicated to hospital administration on a monthly basis.

Additional formal and informal means are also used to identify consumer satisfaction, such as:

- (1) Regularly scheduled individual and group meetings with patients at the ward level regarding their feelings and satisfaction concerning their care at EMSH.
- (2) Staff conferences with patients and family members.
- (3) Communication with family members by telephone and by mail.
- (4) The monthly hospital-wide Consumer Meeting conducted by EMSH and attended by patients as well as staff, to discuss consumers' satisfaction regarding their treatment and care at the hospital, to receive suggestions and recommendations from patients and staff regarding issues that affect and impact patient satisfaction, to identify and resolve problems, needs, and/or issues that patients have that have not been otherwise identified and addressed by hospital staff.
- (5) The monthly Division/Department/Unit Directors Meeting, in which management staff can communicate to the hospital administration problems and needs unique to their respective division, department, or unit that affect patient satisfaction and care, and they can work at the management level to find an appropriate resolution of such issues.
- (6) Any staff member or patient can submit, through the hospital's organizational structure, problems and needs impacting patient satisfaction and care. Such problems and needs are considered by the EMSH Internal Governing Board, which meets monthly. This body of senior level, clinical and administrative management staff acts in an advisory and consultative role to the Hospital Director, and provides recommendations and suggestions to be considered by the hospital administration.

**Mississippi State Hospital:** In an effort to increase the number of customers evaluating hospital performance, a new patient survey instrument and procedure were implemented. This initiative provided an increase from approximately 150 completed surveys to over 1,000 completed surveys, as compared to the same time period during the previous fiscal year. Results of the surveys are being reviewed by the Clinical Executive Committee. The unit specific results are distributed to each patient unit. An increase in both performance improvement projects and unit specific performance improvement activities is expected, based on information gathered from the surveys.

**North Mississippi State Hospital:** Consumer satisfaction surveys are distributed regularly and evaluated by the Administrative Management Council. These surveys include open-ended questions to allow for more freely expressed and specific responses. Results during FY 2000 indicated that consumers were (on average) "satisfied" to "very satisfied" with the services they received.

**South Mississippi State Hospital:** A patient satisfaction questionnaire and procedure were developed. The questionnaire used the same items and scale as North Mississippi State Hospital to allow for benchmarking.

### Staff Recruitment/Retention

The following efforts were performed at the psychiatric facilities during FY 2000 to recruit and retain qualified and competent staff:

**East Mississippi State Hospital:** The Nurse Chief of EMSH participates in and provides information about job opportunities at EMSH at Meridian Community each year.

Staff members in management positions are selected to participate in the Certified Public Management program each year.

The Friends of East Mississippi State Hospital, Inc., supplies financial support for the Employee of the Quarter activities, in which employees are able to nominate other outstanding and deserving employees for recognition.

The Friends of East Mississippi State Hospital, Inc., supplies financial support for the Employee of the Year activities in which one of the individuals recognized as the Employee of the Quarter during the year, is selected for special recognition as the Employee of the Year.

East Mississippi State Hospital holds an annual Service Recognition Ceremony each year in which employees are recognized for continuous service to the institution in 5-year increments (i.e., 5, 10, 15, 20, 25, 30, etc.). Employees who have 5 years of continuous service are recognized and awarded a paper certificate. Employees who have 10 and more years of continuous service are awarded service pins for the appropriate number of years they have worked. The cost of these activities and awards are paid by the Friends of EMSH, Inc.

**Mississippi State Hospital:** With additional resources made available through Legislative action in FY 2000, the hospital obtained funding for the recruitment of 200 additional employees. These positions were used to enhance staffing ratios at the Direct Care/Patient Care level.

Recruitment efforts for FY 2000 included attendance of staff at a Job Corp Job Fair; meeting with allied health students in Canton and vocational-technical students from Rankin County Schools and Pearl High School; posting positions with the Job Placement Counselor at Hinds Community College and the Pearl Employment Office; and requesting referrals from the Temporary Assistance for Needy Families (TANF) work program. Staff attended 10 nursing career days/job fairs, and the nurse recruiter submitted letters to 21 schools notifying them of expansion of recruitment efforts. Each week, job positions were posted on campus, and periodically, job positions were posted in newspapers and journals.

A cooperative agreement was implemented with Hinds Community College for them to provide pre-employment training for future employees. As a result of this agreement, the Human Resources Division and Adult Education Department at MSH began implementation of a GED Pre-employment Training Program that will enable MSH to hire employees who do not have a high school diploma or GED but are willing to attend GED classes on campus.

**North Mississippi State Hospital:** As part of an ongoing recruitment procedure, NMSH advertises position openings in local and regional newspapers and professional journals.

NMSH provided opportunities for staff to enhance skills by attending external professional conferences and internal inservices and workshops. Staff were also provided opportunities to evaluate training and complete a needs assessment survey.

**South Mississippi State Hospital:** Two job fairs were held in Purvis and Hattiesburg.

Job advertisements were placed in local newspapers, The Clarion-Ledger, MHA Newsweekly, professional journals, and on the State Personnel Board website.

76 positions were filled, including the position of clinical director, who is a board certified psychiatrist, and all the necessary staff to open the men's unit.

76% of key administrative positions were filled.

## **CAPITAL IMPROVEMENT, REPAIR AND RENOVATION**

### **East Mississippi State Hospital:**

#### Bureau of Building Project - GS#411-067

Short term Adolescent Psychiatric Unit (Phase I)

The scope of this project includes the construction of a 50 bed short-term adolescent unit, cafeteria, administration building, security building, small maintenance building, roadways, and limited parking. The project completion date is estimated May 31, 2001.

#### Bureau of Building Project - GS#411-068

Long Term Adolescent Psychiatric Unit (Phase II)

This project is funded through the Bureau of Building, Grounds and Real Property Management. Pre-planning for this project was initiated in July, 1995. Phase II would provide long-term care for 75 adolescent psychiatric patients with persistent needs and continue the development of the site of the new facility, while providing buildings to house services critical to the care and support of the patients. The estimated cost of construction at the time of pre-planning was \$14,849,455. Funding for this project has not yet been appropriated.

#### Bureau of Building Project - GS#411-069

Emergency Exits for Lewis and Champion Buildings

This project has been funded by the hospital through the Bureau of Building. The scope of the project includes the replacement of 16 manually locked door exits with electrically operated doors. A professional was assigned to the project on July 17, 1995.

#### Bureau of Building Project - GS#411-070

Renovation of RP White Nursing Facility #105 and RP White Nursing Facility #106

This project was funded through the Bureau of Building. The original scope of the project included the addition of day rooms, therapy rooms, storage rooms, office space, etc. A professional was assigned to this project on September 25, 1995. Funds in the amount of \$750,000 have been allocated for this project.

Bureau of Building Project-GS#411-075

Campus Master Plan

The scope of this project includes the identification of sites for new construction, building improvements, outside improvements, roofing improvements, and pedestrian and vehicular traffic patterns. A professional was appointed on February 16, 1999, to this project. The project was completed in February, 2000.

Bureau of Building Project GS#411-076

Communications for New Adolescent Psychiatric Unit

This project has been funded through the Bureau of Buildings. The scope of the project is to provide cabling for telephone, data, and audio visual communications at the new Adolescent Unit. Information Technology services is preparing specifications for bid.

Bureau of Building Project-GS#411-077

Dam/Lake Repair (New Adolescent Psychiatric Hospital-Phase I)

This project is funded through the Bureau of Building. The scope of the project is to design and construct repairs to the existing dam and lake located on the site of the new Adolescent Psychiatric Unit-Phase I. This dam was sited on May 4, 1999, as a "high hazard" dam by the Mississippi Department of Environmental Quality. A professional was appointed for this project on July 5, 2000.

**Mississippi State Hospital:**

New Construction

MSH Master Plan (GS #412-140)

Development of a comprehensive long-range capital improvement Master Plan that will bring all buildings and infrastructures into compliance with NFA codes, ADA requirements, MSDOH Standards of Operation for Psychiatric Hospitals and JCAHO standards.

Project Status: Assigned to Dale and Associates of Jackson, Miss.

Funding: SB 3113, 1999 Mississippi Legislative Session

Phase I Receiving Unit Construction (GS #412-148)

Construction of two, 50-bed Receiving Units to replace the structures presently serving as Male and Female Receiving Units at the hospital. Construction of the two units will be the first part of a two-phase project. The project will also include construction of a Therapeutic Recreation/Activities Building.

Project Status: Assigned to McCarty Company of Tupelo, Miss.

Funding: SB 3315, 2000 Mississippi Legislative Session

Food Distribution System (GS #412-133)

Renovate existing building pantries to accommodate bulk delivery of meals and to meet state licensure, JCAHO and Medicaid certification standards.

Project Status: Phase 1, Jaquith Nursing Home Pantries, is complete, and 11 pantries are in operation. The remaining two pantries will not become operational until HVAC issues scheduled to be constructed in Phase 2 are complete. Phase 2 will be reduced in scope due to lack of funds.

Funding: SB 3252, 1995 Mississippi Legislative Session

Food Service Facility (GS #412-130)

Construction of a new Food Service Facility (Bldg. 56) to replace Building 47. Project includes construction of a new kitchen and dining areas for patients and employees. The new kitchen will be equipped to accommodate bulk delivery of meals.

Project Status: This project was substantially complete on July 12, 1998. Contract time expired on April 30, 1997. The Bureau of Building has retained funds to complete deficient items. As of July 1, 1999, most deficient items were complete. Major outstanding remedial work includes construction of a parking lot behind the facility.

Funding: SB 3304, 1994 Mississippi Legislative Session

Energy Conservation Plan

Physical Services in coordination with Tinsley/Mullins Engineering developed the Energy Conservation Plan - Phase 1.

Project Status: Implementation of the plan awaits completion of the Master Plan (GS #412-140).

Repair/Renovation Projects

- Completed conversion of the bottom floor of Oak Circle Center to the MSH Museum, March 2000.
- Replaced one well no longer providing acceptable water quality.
- Installed privacy curtains on 10 patient care units.
- Replaced the roofs on Buildings 31 and 33.
- Repaired the ceilings and bathroom fixtures on Buildings 32, 36 and 37.
- Replaced floors in the refrigeration units in the Stubbs Food Service Facility.
- Renovated Building 39 to serve patients formerly housed on Building 67, which was closed.

## **North Mississippi State Hospital:**

### New Construction

- Loop Road Lighting Project: the installation of street lighting around the back perimeter of the hospital campus was authorized by the State Legislature and approved by the State Board of Mental Health. Approximately 50% of the project was completed by the end of FY 2000.
- Landscape/Irrigation Project: allowed for the addition of an intricate lawn sprinkler system and total landscaping of small trees, shrubs and ground cover throughout the hospital campus. At the end of the fiscal year, this project was approximately 50% completed.
- Outdoor Exercise Area: exercise equipment and a pavillion for patient outdoor activities was installed. This project was approximately 10% completed at the end of FY 2000.

## **South Mississippi State Hospital:**

### New Construction

- The administration and patient buildings were completed and accepted by the Bureau of Building in January 2000.
- The construction of an external warehouse building was 70% complete.
- The implementation of an irrigation system was 25% complete.
- The lighting of the campus cart path was 40% complete.
- The installation of the hospital overhead paging system was 50% complete.



## BUREAU OF MENTAL RETARDATION

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

The **Division of Community Mental Retardation Services** is responsible for the development of community mental retardation programs established with state, Social Services Block Grant (SSBG) or Home and Community-Based Services-MR/DD Waiver funds; for working with the comprehensive regional centers (which include the community-based satellite programs operated by these centers in counties throughout the regions they serve), the community mental health and mental retardation centers (CMHCs), and other service providers in the development of community programs for persons with mental retardation/developmental disabilities; for developing the "State Plan for Related Services and Supports for Individuals with Mental Retardation/Developmental Disabilities" and for supporting the Bureau of Mental Retardation State Plan Advisory Council.

The **Division of Accreditation and Licensure for Mental Retardation** is responsible for coordinating the development of certification standards, certification/site visits, and compliance requirements for community programs, as well as for working with the comprehensive regional centers for individuals with mental retardation (which include the community-based satellite programs operated by each of the centers in counties throughout the regions they serve), the comprehensive mental health/mental retardation centers, and other providers to ensure quality of care and compliance with certification standards.

The **Comprehensive Regional Mental Retardation Centers** provide residential services through licensed intermediate care facilities for the mentally retarded (ICF/MR). These centers provide services in the following areas: psychology, social services, medical, nursing, recreation, special education, speech therapy, occupational therapy, physical therapy, audiology, and vocational or work training. These programs are designed primarily for persons with severe to profound mental retardation and secondary medical or behavioral disorders.

The comprehensive regional mental retardation centers are also a primary vehicle for delivering community services to the various counties throughout Mississippi. The comprehensive regional mental retardation centers provide community-based living arrangements, including group homes, supervised apartments, and supported living arrangements. The centers also provide services for older adults with mental retardation/developmental disabilities, diagnostic and evaluation services, employment services, early intervention services, work activity services, case management services, Home and Community-Based Services - MR/DD Waiver services, and transitional training services.

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

## **SYSTEM OF SERVICES FOR INDIVIDUALS WITH MENTAL RETARDATION/DEVELOPMENTAL DISABILITIES**

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

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

Mississippi operates five comprehensive regional mental retardation centers for individuals with mental retardation/developmental disabilities for whom it is determined that these centers provide the necessary level of care. The regional centers provide both institutional care and community services programs through an array of residential and day treatment programs.

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

Pages 6-7 contain a listing and map showing the regions or "catchment areas" served by each regional center. These comprehensive centers provide a system of services which, while varying slightly in each facility, includes the following:

- |                                    |                                    |
|------------------------------------|------------------------------------|
| Information and Referral           | Counseling                         |
| Diagnostic and Evaluation Services | Follow Along                       |
| Treatment                          | Protective & Other Social Services |
| Day Activities                     | Transportation                     |
| Training                           | Medical                            |
| Education                          | Pharmacological                    |
| Sheltered Employment               | Dental                             |
| Recreation and Leisure             | Volunteer                          |
| Living Arrangements                | Community Programs                 |

The regional centers also operate Community Services Divisions that provide transitional, community-based programs within their respective service or catchment areas. The facilities operate group homes for adults with mental retardation, retirement homes for older adults with mental retardation/developmental disabilities,

supervised apartment services, supported living, case management, early intervention/child development, work activity, employment programs, and Home and Community Based - MR/DD Waiver Services.

### **Juvenile Rehabilitation Facility**

The Juvenile Rehabilitation Facility is a residential facility dedicated to providing adolescents with mental retardation an individualized array of rehabilitation service options. Located in Brookhaven, MS, this 48-bed complex serves youth who meet commitment criteria for mental retardation and whose behavior makes it necessary for their treatment to be provided in a specialized treatment facility. Though most clients served are between the ages of 13 and 21, persons under age 13 may be considered for services on an individual basis as space is available.

### **Regional Community Mental Health/Mental Retardation Centers (CMHCs)**

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

### **Other Nonprofit Service Agencies/Organizations**

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

## **COMPONENTS OF THE SERVICE SYSTEM FOR INDIVIDUALS WITH MENTAL RETARDATION/DEVELOPMENTAL DISABILITIES**

### **ASSISTIVE TECHNOLOGY**

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

### **CASE MANAGEMENT**

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

Overall, case management services assist persons with mental retardation/developmental disabilities in accessing services/supports in the community to meet medical, social, educational, and recreational needs. Critical to the implementation of case management is the role of the case manager as a facilitator who helps the individual to access necessary services/supports in the community. This facilitation can be indirect, with some case managers functioning at a regional level to provide supervision to a local case manager; or, the case manager can directly assist the individual with accessing the necessary services.

### **DIAGNOSTIC AND EVALUATION SERVICES**

Diagnostic and Evaluation Services provide comprehensive, interdisciplinary evaluations for individuals with mental retardation/developmental disabilities. Diagnostic and Evaluation Services include psychological, social, medical and other evaluations conducted by qualified persons that are necessary to identify the presence, cause and implications of a developmental disability.

Referrals for evaluation are accepted from a myriad of sources including, but not limited to the individual, family members, concerned parties, physicians, schools, courts, county health and human service departments and other mental health/mental retardation facilities. Likewise, evaluations are requested for numerous reasons such as initial identification and description of disorders, for pre-admission or continued placement in an ICF/MR or nursing home, for determination of eligibility for a community service program, to provide parent education regarding programming needs for their children and/or to monitor at-risk children.

Components of the diagnostic evaluation may include: psychological testing; hearing screening; vision screening; medical evaluation; dietary assessment; vocational skills assessment; and, other diagnostic tools as deemed appropriate. As a result of the evaluation, recommendations for services and supports in the most

integrated setting are made based on the individual's identified strengths and needs. The Diagnostic and Evaluation Team provides as much information to the individual and family as possible so that they can make an informed decision when choosing service/support options. In many cases, individuals and their families will be referred to case management services to further assist them in accessing community support in the most integrated setting.

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

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

### **EMPLOYMENT VOCATIONAL SERVICES**

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

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

### **EMPLOYMENT SERVICES**

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

### **FAMILY SUPPORT**

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

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

### **LIVING ARRANGEMENTS SERVICES**

Living Arrangements include services which assist persons with mental retardation/developmental disabilities in maintaining or increasing their ability to be self-sufficient. The specific housing arrangements within this service component include group homes, supervised apartments, supported living, and independent living. Areas of training within community living include: (1) self-help/personal hygiene skills; (2) environmental maintenance and home living skills; (3) employment skill development, i.e., accessing transportation to and from the job and time management; (4) appropriate socialization skills, i.e., conversational skills and making and keeping friends; and, (5) appropriate use of leisure or recreation time.

The types of community-living arrangements include:

**Group Homes for Adults** with mental retardation/developmental disabilities provide 24-hour support and training for persons living in the group home. The home-like settings provide opportunities for individuals to achieve or maintain independence or interdependence in many areas of daily life, including self-help skills, emergency management, management of appointments with other services and programs, use of medications, meals and nutrition, recreation and leisure activities, and participation in a range of individually desired and functionally appropriate activities and services in the community. This type of community living arrangement requires on-site coordinators who have special training to function in their particular roles.

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

**Supported Living Arrangements** in the community for adults with mental retardation/developmental disabilities include any independent living situation in which the individual chooses to live and satisfactorily lives without the need for extensive supervision or training. A person living in this type of arrangement in the community may be enrolled in a case management program and receive assistance with accessing outside services.

**Specialized Living Arrangements for Older Adults with MR/DD** are available. To serve the needs of older adults with mental retardation/developmental disabilities, the Mississippi Department of Mental Health, Bureau of Mental Retardation operates two retirement homes through Boswell Regional Center (in Magee and Mendenhall) and one through Ellisville State School (in Laurel). Programs are designed to offer individuals an alternative to traditional group home living that includes retirement and activities to maintain and improve their quality of life. Individuals in these programs must be at least 55 years of age and continue to participate in monthly nursing assessments. The programs include annual leisure

assessments and structured program options to provide for a stimulating environment of interest to the individuals in the homes. All retirement homes are supervised 24 hours a day by staff who monitor the changing needs of individuals served.

Individuals living in retirement homes are also involved in community programs such as church groups, Retired Senior Volunteer Programs, and community nutrition sites. Their interaction with the members of these community programs provide opportunities for additional social support.

Additionally, four ICF/MR licensed group homes offer retirement opportunities: North Mississippi Regional Center operates two homes in Fulton, and South Mississippi Regional Center operates two homes in Wiggins.

**Comprehensive Regional Facilities for Individuals with Mental Retardation/Developmental Disabilities** provide a full array of services for persons with mental retardation. For those individuals who require residential living arrangements on a full time basis, admission to a residential unit may be recommended. However, the person must first be found eligible for ICF/MR placement; then, ultimately, it is the individual's and family's choice as to whether or not this setting will best meet their needs. In addition to providing a supervised 24-hour setting, the regional facility provides active treatment for those individuals, by an interdisciplinary team of professionals and support staff. Such services include personal care, training/educational/vocational, recreational, social, medical, and counseling services (based on individual strengths/needs). A variety of needed support services are also available to meet special needs.

The level of care provided in units at the comprehensive regional mental retardation centers meets the federal and state licensure requirements for intermediate care facilities for persons with mental retardation (ICF/MRs). Persons living at the ICF/MRs participate in individualized programs that are developed through a comprehensive interdisciplinary evaluation and program planning/monitoring process. Information from parents and other family members is integrated into this plan.

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

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

## **RESPITE SERVICES**

Respite services include services offered at the comprehensive regional centers, as well as community-based respite services. Short-term respite is one of the most sought after services provided by the comprehensive regional mental retardation centers for individuals with mental retardation who live at home with their

families. This service component generally does not exceed a period of 60 to 90 days (except for HCBS-MR/DD Waiver respite services, which cannot exceed 30 days). Services are available on an emergency or planned basis when temporary intensive specialized care (such as medication monitoring) is needed. Respite services may be used when families need respite from providing ongoing supervision and care for a relative with mental retardation/developmental disabilities.

### **PROTECTION AND ADVOCACY**

Client advocacy and protection for individuals with mental retardation and developmental disabilities served in the comprehensive system administered by the DMH are provided through the following: case management, family support and education programs, investigator/advocate staff at the five comprehensive regional mental retardation centers, and the Mississippi Protection and Advocacy System for the Developmentally Disabled, Inc.

### **QUALITY ASSURANCE SERVICES**

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

Internally, within the Bureau of Mental Retardation, its monitoring teams regularly visit and review the community services programs for compliance with the Department of Mental Health Minimum Standards for Community Mental Health/Mental Retardation Services and the "Bureau of Mental Retardation Record Guide."

### **EARLY INTERVENTION/CHILD DEVELOPMENT**

All early intervention/child development programs for children with mental retardation/developmental disabilities include activities that promote development of intellectual, physical, emotional, and social growth of children and provide support and education to parents. The programs are intended to supplement parental care through a program of planned developmental experiences for children birth to age four. These experiences are designed to improve functioning levels and increase children's potential for self-sufficiency in the future. The service is also intended to assist parents in maintaining their children in the home by providing information and activities about each individual child's needs and how to meet those needs. Each child entering the service receives an individualized evaluation to assess their capabilities and to identify needs. The results are used by the family and staff to develop an individual plan to address areas of need, including provision of any specialized services the child may need. The plans are reevaluated at least annually.

To meet individualized needs, center-based services, home-based services, and outreach services are available. Center-based services include a balance of individual and small group sessions in a setting conducive to maturation and learning. Materials, toys and equipment are used to stimulate, motivate, and entice the child to explore his/her surroundings. Special adaptive equipment is also available as needed for children with severe physical disabilities.

Additionally, home-based and outreach services are available through some early intervention programs. Home-based services support families by program staff coming to the home to assist family members incorporate developmental activities into the child's daily routines. In outreach services, program staff provide support/training to the child and other providers in other natural settings, such as day care centers.

### HOME AND COMMUNITY BASED SERVICES WAIVER (ADULTS AND CHILDREN)

The Department of Mental Health and the Division of Medicaid have implemented a Home and Community-Based Services - MR/DD Waiver (HCBS - MR/DD) to provide home and community-based services to individuals with mental retardation/developmental disabilities who are eligible for services in an Intermediate Care Facility for persons with mental retardation (ICF/MR), when these services are not available. The provision of Support Coordination Services by the five regional centers is a pivotal component of HCBS-MR/DD Waiver services. The services of the Waiver Support Coordinators are not reimbursed by the Division of Medicaid. Waiver Support Coordinators are responsible for arranging assessment of individuals referred for the HCBS-MR/DD Waiver by the Diagnostic Services Department at each regional center. They are responsible for developing the written plan of care for each eligible individual, assisting him/her in locating and gaining access to all services on the plan of care, regardless of whether or not it is a waiver service, and for ongoing evaluation of the continued effectiveness and appropriateness of identified services.

Services available in FY 2000 through the HCBS-MR/DD Waiver Program included:

#### **Attendant Care Services**

Attendant care services are provided to meet daily living needs and to ensure adequate support for optimal functioning at home or in the community, but only in non-institutional settings. These services are non-medical, hands-on care of both a supportive and health related nature. The provision of attendant care services does not entail hands-on nursing care. Attendant care services are provided in accordance with a therapeutic goal in an approved plan of care.

#### **Respite Care**

Respite care is defined as services given to individuals unable to care for themselves, which is provided on a short-term basis because of the absence or need for relief of those persons normally providing the care. Respite care can be provided in a person's home or in a facility approved by the state which is not a private residence or a licensed ICF/MR. Respite care provided in the recipient's home may be provided by a registered nurse (RN) or licensed practical nurse (LPN) (in-home nursing respite) or a certified nurse assistant (CNA) (in-home companion respite), depending on the needs of the individual served. Respite care provided in the community is designed to provide families/care givers with an avenue of receiving respite while their family member is in a setting other than their home. Community respite is not provided overnight and can not be provided in a private residence.

#### **Residential Habilitation**

Residential habilitation is defined as assistance with acquisition, retention or improvement in skills related to activities of daily living, such as personal grooming and cleanliness, bed making and household chores, eating and the preparation of food, and the social and adaptive skills necessary to enable the individual to reside in a non-institutional setting.

Supervised Residential Habilitation has staff available on-site 24 hours per day. No more than three individuals live together in an apartment or house, regardless of whether all three are eligible for HCBS-MR/DD Waiver services. The staff:recipient ratio is 1:6, depending on the needs. Staff must be able to respond to requests for assistance within five minutes.

Supported Residential Habilitation provides staff as needed to support individuals living independently in the community. Staff are on call 24 hours per day but need not be on-site 24 hours per day. The maximum number of hours that can be provided is seven (7) hours per week, depending on the needs of the individual. The support coordinator has the authority to authorize more hours per week as may be needed to meet unforeseen circumstances or needs. The staff:recipient ratio is 1:10.

### **Day Habilitation**

Day habilitation services provide individual training and support in the acquisition, retention, or improvement of daily living, social, communication, self-help and other adaptive skills. Individual interaction with community resources is encouraged. Intended outcomes of Day habilitation include increased competency in activities of daily living, development of a positive self-image, and enhanced social interactions. Services are normally furnished four or more hours per day, unless provided as an adjunct to other day activities included in the recipient's plan of care, and depending on the needs of the individual. Day habilitation cannot be used to supplant mandated educational services for school-aged persons.

### **Prevocational Services**

Prevocational services, which consist of a range of activities, are directed at specific habilitation goals leading to vocational skill development, but are not job task oriented. They include teaching concepts such as compliance, attending, task completion, problem-solving and safety. These services can be either center-based or community-based. Community-based services are provided in sites typically used by others in the community which promote individual inclusion and independence in the community; center-based services are provided in work activity settings. Services are normally provided four hours per day unless provided as an adjunct to other day activities included on the plan of care, and depending on the needs of the individual.

If the individual engages in any form of compensable work as a necessary but subordinate part of habilitation services, the program must be a certified work activity center in accordance with Section 14(c) of the Fair Labor Standards Act. The individual must not be eligible for prevocational services that are available under a program funded under Section 110 of the Rehabilitation Act of 1973 or Section 602(16) and (17) of the Education of the Handicapped Act.

Activities included in this service are not primarily directed at teaching specific job skills, but at underlying habilitative goals, such as attention span and motor skills. All prevocational services are to be reflected in the individual's plan of care as directed to habilitative, rather than explicit employment objectives.

### **Supported Employment Services**

Supported employment services consist of paid employment for persons for whom competitive employment at or above the minimum wage is unlikely, and who, because of their disabilities, need

intensive on-going support to perform in a work setting. Supported employment is conducted in a variety of settings, particularly work sites in which persons without disabilities are employed. Supported employment includes activities needed to sustain paid work by waiver clients, including supervision and training. When supported employment services are provided at a work site in which persons without disabilities are employed, payment is made only for the adaptations, supervision and training required by waiver recipients as a result of their disabilities, and does include payment for the supervisory activities rendered as a normal part of the business setting.

### **Physical Therapy, Occupational Therapy, Speech/Language/Hearing Therapy**

Physical and occupational therapy evaluations must be ordered by a physician. Therapies may only be provided by therapists licensed to practice in the State of Mississippi. Services may be provided in the home or habilitation setting.

### **Specialized Medical Supplies**

Specialized medical supplies include supplies specified on the plan of care and ordered by a physician, which enable individuals to increase their abilities to perform activities of daily living and, thus, avoid institutionalization. This service is available to those individuals who are not covered under the regular State Plan or any other Medicaid program. Items reimbursed with waiver funds are in addition to any supplies furnished under the State Plan and exclude those items which are not of direct medical or remedial benefit to the individual. Covered supplies include diapers and underpads.

### **Behavioral Support/Intervention**

Behavioral support/intervention provides support services for individuals who exhibit behavior problems that cause them not to benefit from other services being provided or cause them to be so disruptive in their environment(s) that there is imminent danger of institutionalization. The provider works directly with the individual and also trains staff and family members to assist them in implementing specific behavior support/intervention programs.

Behavioral support/intervention services may be provided by a doctoral level psychologist, licensed in the State of Mississippi, a master's level psychologist who works under the supervision of a doctoral level psychologist, a licensed clinical social worker, and/or other individuals as approved by the Department of Mental Health (LCMRT and LCMHT).

**PROGRESS AND SERVICE HIGHLIGHTS IN FY 2000  
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 Developmental Disabilities Council.

**AWARENESS**

In FY 2000, the DMH Bureau of Mental Retardation (BMR) staff continued to make numerous presentations on the Home and Community-Based Services (HCBS) Mental Retardation/Developmental (MR/DD) Disabilities Waiver program. Presentations were made to parents and other service providers, such as home health agencies, nursing staff agencies and private providers from throughout the state. In addition examples of public awareness activities conducted by Home and Community-Based Services-MR/DD case managers to promote the MR/DD Waiver Program by the five regional centers included:

**Boswell Regional Center (BRC):** In FY 2000 the Home and Community-Based Services-MR/DD Program (HCBS) corresponded with the public schools in Simpson County to discuss the role of the waiver in providing services to citizens of Mississippi. Thirty-nine referrals were made as a result of the contact. The HCBS staff gave the staff of the Brookhaven City Special Education Department a tour of the Boswell Industries in April, 2000. The role of the Waiver in providing services was discussed during this tour. Twenty-three referrals for services were made as a result of this contact. In April, 2000, staff attended and participated in three person-centered planning sessions at Natchez High School. Twenty-one families were referred as a result of these sessions. In May, 2000, the HCBS staff met with Millcreek to discuss the possibility of starting a day habilitation program in the Natchez area. Also in May, a meeting was held between the Department of Vocational Services and Boswell's Waiver staff to discuss the role of the waiver and how the two agencies could work together to assist individuals needing supported employment services.

**Ellisville State School (ESS):** The Home and Community-Based Services at Ellisville State School provides information to parents during home visits, person centered planning meetings and evaluations. Brochures are sent to community agencies and other departments within the facility.

**Hudspeth Regional Center (HRC):** The HCBS MR/DD Waiver program distributed 305 program brochures to the public during the year. Copies were distributed as needed and by request throughout the counties in Hudspeth Regional Center's catchment area. Staff made presentations to University Medical Center students, Lauderdale County Inter-Agency Council, Southern Health Care, Millcreek management, staff of Methodist Rehabilitation, the First Ladies Civitan Club luncheon, Meridian Public Schools Parents as Teachers Program, Lauderdale County DHS, Weems Mental Health Center, Baptist Health Care, Southern Oaks Health Systems, family support groups in West Central Mississippi, Yazoo County, and Community Mental Health programs. Information was provided to Region VI, Region VII and Region XV Mental Health Centers in Starkville, Greenwood, and Yazoo City. Hudspeth Center sponsored a workshop to assist with improving the quality of habilitation plans. Updated information

about Waiver services was published in Hudspeth Center employee's newsletter and the Community Services newsletter.

**North Mississippi Regional Center (NMRC):** During FY 2000, specific information was provided by NMRC to 54 individuals inquiring about the HCBS-MR/DD Waiver. Program information and brochures were provided to 12 Early Intervention Service Coordinators/District Coordinators throughout the twenty-three county area NMRC serves. Forty-three Special Education Supervisors in all public school systems were also provided with specific information about services, eligibility, and access procedures for the HCBS-MR/DD Waiver.

The department's brochure was again revised, based on changes in the waiver over the past year. This brochure was used for public distribution and contains service information, eligibility requirements, and enrollment procedures.

Information brochures, service and availability information about the HCBS-MR/DD Waiver were provided to the Respite Coordinator of the LCARC Respite Program, another DMH funded program, and to Project Run Early Intervention Program (EIP) at NMRC for dissemination to parents participating in that specific service who might benefit from the waiver.

In FY 2000, the Home and Community-Based Services (HCBS) Department added one additional Service Coordinator position. In addition to providing additional service coordination capacity, this additional staff person significantly contributed to the department's efforts to increase public awareness of the waiver, its purpose, and services available through the program.

**South Mississippi Regional Center (SMRC):** In fiscal year 2000, staff of SMRC HCBS-MR/DD waiver program were very active in promoting community awareness regarding waiver services through distribution of printed material and informational displays. To promote community awareness, support coordinators regularly attended monthly meetings of Hancock County Parents Association, an organization founded by the mother of a waiver client, Jackson County ARC and Pearl River County ARC meetings at Picayune Industries.

The waiver program provided information to the public through display presentations at the Biloxi Health Awareness Fair in October and in June at the Mississippi Arts Fair held at the Mississippi Coast Coliseum Convention Center. Support Coordinators and the Person-Centered Planning Coordinator participated in client IEP meetings at county and city school districts.

March 2000 was proclaimed MR/DD Awareness Month in Mississippi by the Governor. BMR staff participated in a Day at the Capitol on March 15, 2000, to promote the month's activities. Additionally, service providers from throughout the state provided public awareness and education activities and special events to inform people in their communities about mental retardation/developmental disabilities and the availability of services. MR/DD Awareness Month activities provided by the five regional centers for mental retardation/developmental disabilities and the Juvenile Rehabilitation Facility during FY 2000 included:

**Boswell Regional Center:** Boswell Regional Center participated in Developmental Disabilities Day at the Capitol and Early Intervention Day at the Capitol. The Early Intervention Program in conjunction with the Mississippi Department of Health-First Steps Program had a poster display and computerized slide show describing the array of services available in the community.

**Ellisville State School:** Ellisville State School participated in the MR/DD Awareness Day at the Capitol by setting up a display (March 15, 2000). The facility honored its direct care employees at its annual Direct Care Employee of the Year luncheon and program (March 17, 2000). The facility provided a tour to University of Southern Mississippi students and faculty on March 23, 2000. A ribbon cutting and open house were held at Bridgedale and Somerset ICF/MR Group Homes in Richton, MS on March 24, 2000. Brochures were also distributed at health fairs and information provided as requested by agencies in the community.

**Hudspeth Regional Center :** The Community Living Services/Case Management Department held an open house for Community Living Programs. Tours were provided for Hudspeth Center staff, parents and friends. CLS staff spoke and gave a tour to the Clinton Community Christian Corporation and Leadership Clinton Program. Clients enjoyed a cookout at the reservoir in recognition of MR/DD Awareness month. Families and friends were invited to this social event. Hudspeth Industries participated with the other HRC sheltered workshops and Supported Employment programs with a display at the Capitol during MR/DD Awareness Month. Door prizes were offered to visitors and Legislators and products were available for sale. The HRC Assistive Technology Unit (ATU) displayed at the Jackson Medical Mall to promote early intervention services. The Supported Employment program presented Certificates of Appreciation to employers who employed persons with disabilities. Tri-County Industries made presentations with handouts to the Kemper County Board of Supervisors, Tri-County Advisory Council, Kemper County Ladies Civic League, and Kemper County High School Special Education Department. The Meridian newspaper published a feature story on one of the employees at MIDD Meridian. An Open House was held at Tri-County Industries and Louisville Industries during the month of March. The host of the "Morning Show" gave a report on Louisville Industries on Channel 9 in Tupelo, and news articles were published in the local paper.

**North Mississippi Regional Center:** Newspapers were utilized in March 2000 to distribute information to the public regarding MR/DD Awareness Month and the services provided by the NMRC. News articles highlighting NMRC services of local interest were provided to editors of newspapers throughout the northern 23 counties of Mississippi. Media coverage was excellent, with publication of most articles as mailed and, in some cases, expanded by local writers. By providing editors with "customized" articles highlighting local services, greater utilization was achieved. An article about MR/DD month also appeared in NMRC's spring issue of "The Crossroads" magazine, which has a circulation of 5,000. In addition, all city and county elementary school students received stickers commemorating MR/DD Awareness Month through the Lafayette County Foster Grandparent Program.

**South Mississippi Regional Center:** SMRC made a concerted effort to promote awareness during MR/DD Awareness Month. Various programs distributed resource material, provided tours and public displays on service options and attended joint agency meetings.

Activities included displays and presentations at local city and county libraries, Stone County High School Health Fair, Biloxi Mayor's Awareness Committee and MR/DD Awareness Day at the Capitol. Presentations pertaining to assistive technology were provided to undergraduate and graduate special education students at University of Southern Mississippi-Gulf Park and William Carey College-Gulfport campus. Special presentations were made to the Mississippi Speech and Hearing Association as well as local civic groups.

Project PRINTS Early Intervention Program (EIP) distributed copies of the EIP newsletter, *newsPRINTS*, and disability awareness curriculum materials and coloring sheets. PRINTS and Community Relations staff designed, printed and distributed copies of the Gulf Coast Hearing Resource manual to local physicians. Program tours were conducted for students of Jackson County Gulf Coast Community College. EIP staff provided family training in the areas of behavior management and speech and hosted the annual social and educational event at Lynn Meadows Discovery Center.

Waiver and Project PRINTS staff participated in the coast-wide Children's Mardi Gras Parade. Staff assisted a waiver client who was honored as Grand Marshal of the Our Lady of the Gulf Mardi Gras parade. Waiver staff attended the Very Special Arts Fair at the Coast Coliseum. Waiver staff participated in interagency meetings sponsored by the George and Jackson County United Way, Nursing Management, Oxford Healthcare and Picayune School District.

On March 25, Education and Social Services Departments sponsored Surrogate Parent Training for families and individuals interested in volunteering for this program.

WLOX and WXXV-Fox 25 featured stories on Biloxi Industries and interviewed the Center Director during MR/DD Awareness Month.

The **Juvenile Rehabilitation Facility** participated in a variety of activities in celebration of MR/DD Awareness Month, including the Day at the Capitol in which staff presented a display and informational brochures. JRF staff also participated in several job fairs at Southwest Community College, Jones Junior College and the Capitol and conducted presentations at the Annual Juvenile Justice Conference.

In FY 2000 the Bureau of Mental Retardation routinely answered requests for information, locations of services and specific referrals in the areas of the Americans with Disabilities Act (ADA), client rights and assistive technology. The following is an overview of activities conducted or information disseminated (and/or referrals made) by the regional facilities and the Juvenile Rehabilitation Facility in the above mentioned areas during FY 2000:

During FY 2000, **Boswell Regional Center** worked with the T. K. Martin Center through Mississippi State University in order to provide assistive technology for clients served by the Home and Community-Based Services-MR/DD Program.

**Ellisville State School** provides routine inservices on the ADA. Client rights are discussed with all clients on their admission to the facility programs and is annually reviewed with the client at their habilitation planning session. The assistive technology program provided by the facility is discussed annually with the public schools in the area so that needed services can be provided upon request.

**Hudspeth Regional Center:** All clients who are enrolled in the MR/DD Waiver and other DD programs receive client rights information at enrollment and annually thereafter. In addition, all MR/DD Waiver service providers are trained in the areas of the ADA and client rights prior to the start of service and annually thereafter. Workshop clients are given a handbook detailing their rights. An employee of LIFE (Living Independent for Everyone) presented a program for clients at Morton Industries. The areas of ADA and client rights are addressed during orientation, mandated topics, and other in services from the Staff Development Department.

The Assistive Technology Unit in the Education Department evaluated 72 adults/children and disseminated information to parents, services providers, and other caregivers throughout HRC's catchment area and other parts of the state. One client was referred to the T. K. Martin Center to receive assistance in obtaining a wheelchair and quad cane.

Morton Group Homes prepared clients who are registered to vote to make informed decisions about the election through newspapers and local and national news. Clients participated in weekly in house meetings where privacy was discussed, including closing privacy curtains, knocking on doors and respecting others' personal space. A representative from MS Protection and Advocacy Systems, Inc. came quarterly to meet with the group home clients. Brochures were disseminated regarding the Mississippi Department of Mental Health Office of Constituency Services and information is posted at all of community programs regarding client rights.

**North Mississippi Regional Center:** NMRC's Technology Assistive Device (TAD) Center continues to provide evaluations and training in augmentative communication, general assistive technology, computer access and computer assisted instruction, and positioning and mobility. Additionally, the TAD Center serves as a preview/demonstration center for software, adaptive computer equipment, and augmentative communication devices.

NMRC's Diagnostic Services Department is charged with assessing the functioning status and programming/intervention needs of outpatient clients. Throughout the evaluation process, the staff serve as advocates for the clients. Virtually every individual evaluated receives supportive information regarding his rights, adaptive materials, and/or special services which might be beneficial to him. The level and type of material/activity is tailored to the needs of the individual. Typical referrals include, but are not limited to: NMRC residential and community programs (including ICF/MR services, sheltered workshops, alternative living arrangements, Home and Community-Based MR/DD Medicaid Waiver Services, the TAD Center and Project RUN), the local school districts, the State Department of Education, the local health departments, the individual's physician, specialty physicians, First Steps Early Intervention Program, the University of Mississippi Speech and Hearing Center, and Mississippi Protection and Advocacy Systems, Inc.

NMRC's Community Services staff took advantage of several public speaking opportunities, including: Sacred Heart Middle School, the Rotary Club in Desoto and Lee Counties, the Pilot Club of Mantachie, the Corinth Baptist Church Sunday School, the Corinth Middle School, BanCorp South in Hernando, Tupelo, and Batesville, the Civitan Club of Batesville and Pontotoc, the Board of Supervisors of Pontotoc, the First Baptist Church of Bruce, the "Mornin' Show" on WTVA-9 in Tupelo, and the Mayor, Board of Aldermen, Police and Fire Departments of Bruce.

NMRC's Work Activity Center staff provided inservice to clients and families in the areas of clients' rights and the use of jigs and fixtures in the area of adaption of work.

All programs also review clients' rights at least annually with clients and staff. Copies are disseminated to clients. Clients' rights is a topic of annual staff development training for all ICF/MR staff. The ADA is posted and reviewed annually with staff and clients. ADA issues are discussed throughout the year as they arise. Some clients at all locations have been registered to vote.

**South Mississippi Regional Center:** Throughout the year SMRC staff distributed printed material on service options, held meetings and provided presentations to local companies and agencies. These agencies and companies included Alcan Aluminum Corporation, Ocean Springs Hospital Rehabilitation Center, Institute for Disability Studies, Knights of Columbus, Biloxi Chamber of Commerce, Methodist Church Ladies Group, Keesler Medical Center and school districts within SMRC's six-county service area.

Annually, clients residing in the residential and community ICF-MR programs are provided client rights literature through programmatic staff. Family members/guardians receive a copy of the Client Bill of Rights by Social Services. Mississippi Protection and Advocacy Systems, Inc. staff visits all clients on a quarterly basis to discuss their rights and to disseminate client rights materials.

**Juvenile Rehabilitation Facility:** The JRF secured staff training on client rights and reporting of abuse and neglect, conducted by the Department of Human Services.

In (federal) FY 2000, the **Mississippi Developmental Disabilities Council (DDC)** provided funds for 23 service initiatives throughout the state. Developmental Disabilities Council funded services promote community inclusion for people with developmental disabilities 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. DDC investments must support at least one of the following Administration on Developmental Disabilities (ADD) Life Goal Areas (Priority Areas): (a) self-determination (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 interests, 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 benefitting from the full range of services); (e) education/child development (resulting in students reaching their educational potential); and, (f) community inclusion (characterized by every individual being a valued, participating member of their community). Regulations require that 65 percent of the federal Developmental Disabilities funds be invested in these Life Goals Areas. Examples of DDC accomplishments that were supported through these initiatives in FY 2000 included:

- An estimated 360,000 members of the general public were reached by DDC public education, awareness and media activities.
- 160 people with developmental disabilities were employed in the community through DDC initiatives.
- 158 businesses/employers employed adults with disabilities.
- 665 policymakers were educated about Council initiatives.
- 25 people transitioned from sheltered employment to community jobs.
- 10 individuals obtained homes of their own through bank loans.
- 72 people with disabilities now reside in the community living location of their choice.

- 133 individuals received needed health care services because of Council initiatives.
- 630 people were trained to use the Person-Centered planning process.
- 362 students received the education and support they needed to reach their educational goals.
- Six preschoolers were able to enter regular daycare services.

## PLANNING

The FY 2000 State Plan for Department of Mental Health Related Services for Individuals with Mental Retardation/Developmental Disabilities was completed in FY 1999 and was submitted to the State Board of Mental Health in April, 1999 for review, with approval granted by the Board in May 1999.

The Bureau of Mental Retardation initiated a new database system in FY 1999 that allows for the capturing of unique identifiers and trends. The database also provided a means of obtaining an unduplicated count of individuals served. Continued refinement of the system was conducted in FY 2000.

The DMH opened nine new ICF/MR group homes in FY 2000. A report was developed on assistive living services for older adults that was provided to the BMR Advisory Council in September 1999. A report was also generated on the status of options for older adults to age-in-place in current living arrangements along with the needs of service providers to assist and support these individuals. This report was provided to the BMD Advisory Council in March, 2000.

## SERVICES

Table 14 shows the number of individuals receiving community services through the Bureau of Mental Retardation programs in FY 2000.

**Table 14**

### **BUREAU OF MENTAL RETARDATION Community Services Data for Fiscal Year 2000**

SERVICE	NUMBER OF CLIENTS SERVED
Community Living Services	913
Work Activity	1,942
Early Intervention/Child Development	1,254
Case Management	2,245
Diagnostic and Evaluation	1,529
Supported Employment Services	260
Assistive Technology Evaluations	537
Home and Community-Based Services-MR/DD Waiver	850

In FY 2000, 913 individuals were provided **Community Living/Respite** services. This total includes individuals served in a variety of community living services, such as group homes, ICF/MR community homes, and supervised apartments. During FY 2000, the Bureau of Mental Retardation provided additional community living services through nine new 10-bed or less community-based ICF/MR programs.

Table 15 lists the locations of **group homes** and the facilities that operate the homes that are funded through the Bureau of Mental Retardation.

**Table 15**

**BUREAU OF MENTAL RETARDATION Community Living Services Group Homes  
for Fiscal Year 2000**

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

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

Table 16 lists Department of Mental Health **Supervised Apartment** providers and locations.

**Table 16**

**BUREAU OF MENTAL RETARDATION Supervised Apartments for Fiscal Year 2000**

<b>PROVIDER</b>	<b>SITES</b>
Boswell Regional Center	Magee
Columbus-Lowndes	Columbus
Ellisville State School	Ellisville and Laurel
Hudspeth Regional Center	Clinton, Jackson, Pearl and Brandon
North Mississippi Regional Center	Oxford and Tupelo
South Mississippi Regional Center	Gulfport and Biloxi
Region 14	Lucedale
Region 15	Yazoo City
St. Francis Academy	Picayune

Table 17 lists the providers and locations of **Respite Services** funded through the Department of Mental Health.

**Table 17**

**BUREAU OF MENTAL RETARDATION Respite Programs for Fiscal Year 2000**

<b>PROVIDER</b>	<b>SITES</b>
Boswell Regional Center	Magee
Hudspeth Regional Center	Whitfield
Lafayette County ARC	Oxford
North Mississippi Regional Center	Oxford
South Mississippi Regional Center	Long Beach

2,245 individuals were served through the MR/DD Case Management system in FY 2000. See Table 18 for a list and locations of case management programs.

**Table 18**

**BUREAU OF MENTAL RETARDATION Case Management for Fiscal Year 2000**

AGENCY	SITES
Boswell Regional Center	Sanatorium
Columbus-Lowndes	Columbus
Ellisville State School	Ellisville
Hudspeth Regional Center	Whitfield, DeKalb and Meridian
Mississippi Christian Family Services	Rolling Fork
North Mississippi Regional Center	Oxford
South Mississippi Regional Center	Long Beach
Region 1	Clarksdale
Region 5	Greenville
Region 6	Greenwood
Region 7	Starkville
Region 8	Brandon
Region 11	McComb
Region 12	Hattiesburg
Region 14	Pascagoula
Region 15	Yazoo City

1,942 individuals were served through the **Work Activity** services in a daily program of work-related or vocational opportunities. See Table 19 for a list and locations of work activity services.

**Table 19**

**BUREAU OF MENTAL RETARDATION Work Activity Services for Fiscal Year 2000**

<b>PROVIDER</b>	<b>SITES</b>
Columbus-Lowndes	Columbus
Ellisville State School	Heidelberg, Laurel, Taylorsville, Lumberton, Ellisville, Sumrall, Richton and Waynesboro
Hudspeth Regional Center	DeKalb and Meridian
MIDD-West	Vicksburg
Mississippi Christian Family Services	Rolling Fork
North Mississippi Regional Center	Bruce, Fulton, Hernando, Holly Springs, Oxford, Tupelo, Corinth, Courtland, Pontotoc and Iuka
Region 1	Clarksdale
Region 4	Booneville and Ripley
Region 5	Cleveland and Greenville
Region 6	Greenwood, Indianola and Lexington
Region 7	Starkville and West Point
Region 8	Brandon, Canton and Magee
Region 11	Brookhaven, McComb and Natchez
Region 12	Columbia, Hattiesburg, Laurel, Purvis and Waynesboro
Region 13	Gulfport and Pearlinton
Region 14	Lucedale and Pascagoula
Region 15	Yazoo City
South Mississippi Regional Center	Biloxi, Poplarville, Picayune, Lakeshore, Wiggins and Gautier
Willowood	Jackson

260 individuals were provided services through the **Supported Employment** program. See Table 20 for a list of providers and locations of these employment activities. In (federal) FY 1999, the Developmental Disabilities Council provided support to service agencies to promote community employment concepts within their communities. Seven new services began to initiate supported employment activities in FY 2000. Services included awareness, assistive technology intervention, school-to-work transition and job placement in competitive employment. 160 people with significant developmental disabilities were placed in community jobs.

**Table 20**

**BUREAU OF MENTAL RETARDATION Supported Employment for Fiscal Year 2000**

<b>PROVIDER</b>	<b>SITE</b>
Boswell Regional Center	Magee
Columbus-Lowndes	Columbus
Hudspeth Regional Center	Whitfield
MIDD-Meridian	Meridian
Mississippi Christian Family Services	Rolling Fork
North Mississippi Regional Center	Oxford
Region 4	Ripley
Region 5	Greenville
Region 7	Starkville
Region 8	Brandon
Region 12	Hattiesburg
Region 14	Pascagoula
Region 15 (Project Unite)	Yazoo
South Mississippi Regional Center	Long Beach

The number of children who were served through the **Early Intervention/Child Development** program was 1,254. See Table 21 for a list of providers and locations of Early Intervention/Child Development Programs.

**Table 21**

**BUREAU OF MENTAL RETARDATION Early Intervention/Child Development Program for Fiscal Year 2000**

<b>PROVIDER</b>	<b>SITES</b>
Boswell Regional Center	Natchez
Ellisville State School	Laurel, Raleigh and Waynesboro
Hudspeth Regional Center	Whitfield, Meridian, Louisville, Durant, Philadelphia and Yazoo City
Mississippi Christian Family Services	Rolling Fork
North Mississippi Regional Center	Oxford, Grenada, Hernando and Clarksdale
Region 5	Cleveland and Greenville
South Mississippi Regional Center	Picayune, Gautier, Bay St. Louis, Biloxi, Gulfport and Woolmarket
Willowood	Jackson

850 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.

The number of individuals served through **Diagnostic and Evaluation** services at the five regional centers during FY 2000 was 1,529.

The Juvenile Rehabilitation Facility began serving clients in July, 1999. For the majority of FY 2000, 16 beds were activated at the facility. The census reached a high of 18 clients in June, 2000, and a total of 29 individuals were served during the fiscal year.

In (federal) FY 2000, the Developmental Disabilities Council (DDC) continued support of the MS Home of Your Own Alliance project through the University Affiliated Program (UAP) at the University of Southern MS. Ten individuals with significant disabilities became home buyers. A total of 72 individuals with significant disabilities reside in a living place of their choice through DDC initiatives.

**INTERAGENCY COLLABORATION**

Collaboration with the First Steps Early Intervention Program increased during FY 2000. Funding was received to expand the capacity of early intervention services provided through the five regional centers. As

a result, new sites were opened in Louisville, Durant, Philadelphia, Clarksdale and Gulfport. Outreach services were also expanded throughout the state. A Bureau of Mental Retardation staff served as a liaison to assist First Steps with its monitoring program and participates in joint meetings to strengthen collaboration efforts, cross training and public awareness activities.

During FY 2000, the regional centers' Early Intervention/Child Development staff were involved in the following activities of the Department of Health's First Steps Early Intervention System and the State Interagency Coordinating Council:

During FY 2000, **Boswell Regional Center** participated in the development review, revision and reevaluation of each child's Individual Family Service Plan (IFSP) with the First Steps Service Coordinator. Boswell Regional Center and the Mississippi Department of Health-First Steps have participated in two collaborative activities (Awareness Day at the Capitol and the Early Intervention Resource Fair). First Steps has been helpful in arranging testing with specialists in various areas. Boswell's Early Intervention Program worked with First Steps in order to provide literature to families regarding the Home and Community-Based Waiver Services.

**Ellisville State School's** Early Intervention Program staff have participated in a variety of local and state-wide public awareness events with First Steps staff during FY 2000 including Resource Fairs, Health Fairs, slide and video presentations and displays and information-sharing events such as Early Intervention Day at the Capitol. Both agencies jointly participated in EIP parent meetings, client social functions, joint staff meetings, joint IFSP and Hab Plan development and joint participation in client evaluations.

**Hudspeth Regional Center's** Early Intervention Program (EIP) staff participated in local Interagency Coordinating Council meetings. Staff also attended workshops sponsored by First Steps and the Interagency Coordinating Council. All EIP staff assisted with the First Steps Resource Fair and Child Find activities during Early Intervention Month.

During FY 2000, the staff of the Project RUN Early Intervention Program of the **North Mississippi Regional Center** worked with the Family Service Coordinators in the planning and implementation of services for 282 children and families during FY 2000. Staff from First Steps and Project RUN participated in quarterly training activities and planning meetings. The Evaluation and Assessment Team attended two Project Directors meetings sponsored through First Steps. The program director attended one State Interagency Coordinating Council meeting. The staff supported the activities of the First Steps Early Intervention System by participating in the Day at the Capitol and The First Steps Resource Fair.

The Case Manager with Diagnostic Services completed 1,724 contacts on behalf of 153 infants and toddlers referred for evaluation by First Steps. NMRC's Diagnostic Services department subsequently provided free, multidisciplinary evaluations to 136 preschool children, resulting in 108 of them becoming eligible for Early Intervention Services.

NMRC's Diagnostic Services department also serves as a regional diagnostic hearing assessment center for the First Steps Universal Hearing Screening Program. The staff audiologist assesses babies who were either not tested at birth or who failed hearing screenings in the hospital shortly after birth. These babies receive state-of-the-art audiologic evaluations as part of this collaboration. In an effort to reach

out to children with transportation problems, the audiologist travels to several of the Project RUN satellite programs, providing additional hearing evaluations for infants and toddlers. The audiologist also works out of the Diagnostic Services office to provide follow-up assessment for established Project RUN clients and see new clients referred by local doctors and schools. The audiologist also submits monthly reports to the State Department of Health First Steps office to facilitate the tracking of preschool children with hearing impairments.

**South Mississippi Regional Center:** In addition to continuing 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. During the last fiscal year, the First Steps Early Intervention system provided assistance to families whose children were transitioning from Project PRINTS to their local school district.

Additionally, 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. Together Project PRINTS and First Steps participated in the City of Biloxi Health Awareness Fair held October 16, 1999; Project PRINTS in conjunction with other EIP centers, had a display board at the Capitol for Early Intervention Awareness Day on March 22, 2000; Project PRINTS and First Steps made two presentations to the Mississippi Gulf Coast Community College Nursing class on September 2, 1999 and February 24, 2000; Project PRINTS in conjunction with First Steps and other state agencies participated in the Gulf Coast Women and Children's Conference by setting up displays on April 1, 2000; Project PRINTS and First Steps participated in the Annual Resource Fair held in Jackson, Mississippi on April 6, 2000.

In addition to the above, First Steps Service Coordinators and Project PRINTS staff members hold quarterly joint staff meetings to expedite the referral process and enhance collaboration between the two agencies.

During FY 2000, Early Intervention Program/Child Development Services were also available through Region V Delta Community Mental Health/Mental Retardation Services and Willowood Developmental Center.

During FY 2000, DMH Bureau of Mental Retardation staff actively participated in the activities of the BRIDGES (Bring Resources, Inclusion and Developmentally Appropriate Gains to Every Child in Mississippi) committee. A BMR staff member conducted a training session, which was attended by 25 child care providers at a child care facility in Brookhaven.

Additionally during the fiscal year, BMR staff continued to attend meetings of the Advisory Board for the Mississippi Statewide Services for Individuals who are Deaf-Blind. A letter of support for continued funding and membership on the Deaf-Blind Advisory Board was achieved.

BMR staff also continued to participate in interagency activities and conferences through presentations on person-centered planning and BMR Aging Services at the Elderly Mentally Handicapped Conference. Person-centered planning training was also conducted in FY 2000 for BMR program staff serving older adults and representatives from the area agencies on aging.

During FY 2000, regional center staff were involved in the following activities of the Advisory Board for Statewide Services for Individuals who are Deaf-Blind:

**Ellisville State School** provides a number of services to individuals who are Deaf-Blind. One of these services includes a group home. This year the facility has not participated with the Advisory Board.

**Hudspeth Regional Center:** Information was provided to the Deaf-Blind Grant at UAP-USM to update the files of the clients on the registry. Two staff attended meetings presented by staff on this population. No staff are currently a member of the Advisory Board.

The **North Mississippi Regional Center** Education Department updated the Deaf-Blind registrant information for FY 2000.

**South Mississippi Regional Center** staff provided this agency with statistics on individuals eligible for services. Agency assisted SMRC staff with studies, training and continuing programs to address needs in the area of leisure and communication. Training was provided by Katherine Stremel on specific needs, with applicable programs and ideas for implementation. These programs continue to be addressed by a followup team of Interdisciplinary Programs, Recreation, Education and Residential staff. SMRC anticipates further training and contacts.

## TRAINING

The Bureau of Mental Retardation's Central Office staff made available and provided numerous training sessions and technical assistance on the Bureau of Mental Retardation Record Guide, the DMH Minimum Standards for Community Mental Health/Mental Retardation Services, the Americans with Disabilities Act (ADA), the Home and Community-Based Services-MR/DD (HCBS-MR/DD) Waiver, and other areas, such as grants preparation and Early Intervention Programs. Also, workshops and technical assistance continued on Person-Centered Planning to HCBS-MR/DD Waiver Service Program staff, providers of services for older adults with mental retardation and others.

The following demonstrations of assistive technology applications for families and service providers (on and off-campus) were provided by the regional centers in FY 2000:

**Ellisville State School:** The Assistive/Communication Technology Services (ACTS) has provided demonstrations of assistive technology applications to families, staff, local hospital personnel and students from the University of Southern Mississippi.

The **Hudspeth Regional Center** Assistive Technology Unit (ATU) provided demonstrations of applications for families and service providers at each evaluation - on or off-campus - for community and campus adults. Two open houses were offered to staff at HRC and community service providers.

The **North Mississippi Regional Center** Technology Assistive Device Center (TAD) provided the following services:

- Demonstrations of assistive technology applications to more than 428 clients, families, professionals and pre-professionals (primarily off campus).
- 259 telephone consultations for assistive technology support.
- Monthly ongoing support for Project RUN and First Steps programs.

- Utilizing AmeriCorps/InterACT personnel, TAD provided ongoing computer assisted instruction to 25+ NMRC clients.
- In conjunction with the NMRC Communications Department, TAD conducted an augmentative communication camp for NMRC clients.

**South Mississippi Regional Center:** Project PRINTS conducted thirty-eight (38) assistive technology demonstrations and training for families, child care providers and other professionals. These consisted of both one-on-one demonstrations regarding a specific assistive technology device and overall demonstrations about the possibilities through assistive technology.

Licensed and certified speech pathologists within Project PRINTS provided 11 assistive technology evaluations. These evaluations consisted of determining the child's current level of communication functioning, OT and PT consultation, and recommendations for specific/general assistive technology devices or strategies to enhance communication or environmental access. Eleven follow-ups were conducted as a type of reassessment of the success of the assistive technology device or strategy that had been discussed/implemented.

Presentations were made to the SMRC Parents Association and the Mississippi Speech and Hearing Association. In addition, individual training was provided upon request to public school service providers from the six-county area.

Examples of training on the use of specific assistive technology services and/or devices (on and off-campus) provided by the regional centers in FY 2000 included:

**Ellisville State School:** ACTS provided specific training to clients with communication devices (five clients on campus), and technical assistance to consumers, families, center staff, local school personnel, local hospitals and USM students. Training was provided on a specific communication device to center and local school speech/language pathologists. All training provided focused on specific training needs of individuals with developmental disabilities.

Training on the use of specific assistive technology services is ongoing on the **Hudspeth Regional Center** campus and group homes. Training was provided to local school district personnel and community service personnel. The target audiences included consumers/clients/family and caregivers/school district staff/university staff at Jackson State University and Hudspeth Regional Center staff.

The **North Mississippi Regional Center** Technology Assistive Device Center (TAD) provided training on specific assistive technology devices/services to more than 384 pre-professionals, professionals and consumers and their families through lectures and workshops for the University of MS Special Education, Communicative Disorders, Psychology and Pre-Allied Health Profession classes, continuing education for Baptist Hospitals, Mississippi Speech and Hearing Assoc., (MSHA), North MS Speech/Language Hearing Assoc., UM Clinical Symposium, Autism Task Force Trainings, State Department of Education trainings for school districts, and other workshops throughout north MS. Target audiences included speech/language pathologists, university students, teachers in community schools, NMRC staff, families and consumers using assistive technology. NMRC's TAD Center also provided 22 presentations at conferences including the Mississippi Speech and Hearing Assoc

(MSHA), North MS Speech/Language Hearing Assoc., UM Clinical Symposium, Autism Task Force Trainings, and other workshops throughout north MS.

**South Mississippi Regional Center** Twenty-four consultations were conducted in the form of assisting other professionals with means to enhance communication or environmental access strategies for children within Project PRINTS. SMRC provided individual and group training to clients, staff, families, district school personnel and university students.

Each of the five regional centers and the Juvenile Rehabilitation Facility provided annual staff training activities. Examples of training provided to the staff of each facility (on and off-campus/other than in assistive technology) in FY 2000 include:

**Boswell Regional Center:** In FY 2000, BRC provided training on all mandatory topics. These included: Abuse/Neglect/Exploitation, Client Rights and Confidentiality, Fire/Weather/Disaster, Dining/Nutrition and Oral Hygiene, Safety Awareness/Body Mechanics, Infection Control, Speech/Language, Behavior Management and First Aid. In addition, multiple training opportunities were provided monthly in TMAB and CPR for staff who are required to receive an annual recertification. Multiple opportunities were also provided for specialized training for Direct Care Staff that included the DCW Upgrade and Direct Care Advanced. Supervisory I Training was provided as well as numerous opportunities for Quarterly BMT and New Staff BMT classes for all staff who are required to have BMT hours. BRC sponsored workshops for continuing Autism education for staff involved directly with those clients diagnosed with Autism. Rounding out the summary of training provided for staff was recurring training specific to our facility, such as Fire Brigade Training, Life Guard/First Aid Training, HazMat, Asbestos Recertification Training. Also, multiple Safety Training opportunities were provided to address specific areas of concern identified for specific departments such as Maintenance, Vocational Services and Dietary. Examples of training offered are Fork Lift Operations, Defensive Driving Safety, and Chemical Safety. Training was offered for Community Services staff, including Financial Management, Records Management, Time Management, Stress Management, Medicine Control, and Policies/Procedures. Approximately 349 total training events were documented in FY 2000, providing quality, effective and efficient educational and training opportunities for Boswell Staff. This total reflects initial courses but does not include the number of times ongoing courses were conducted throughout the year, such as for BMT, BMT-New Staff, Quarterly BMT, Orientation, DCA, DCT, Adaptive Behavior, etc.

**Ellisville State School:** 4,506 courses were taught to 88,175 total participants on a variety of subjects ranging from infection control, behavior management, psychopharmacology, and personnel issues to CPR, TMAB, abuse and neglect and safety.

**Hudspeth Regional Center:** All staff are provided with training throughout their employment, from the orientation of new employees to the continuation of job related training and career development. General categories of training for FY 2000 included the following:

- Monthly in-services on topics required by federal and state ICF/MR regulations, such as Confidentiality & Client Rights, Client Abuse & Vulnerable Adults Act, First Aid & Safety Issues, Information Control, Emergency & Disasters, Active Treatment, ICF/MR Regs, Fire Safety and Lifting Techniques.

- Training in Behavior Management Principles was conducted for all staff directly involved with client care and programming. This included classroom instruction of 16 hours for para-professional staff and 40 hours for the professional staff. Staff also participated in reviews of behavior support plans, behavior drills and psychiatric consultations.
- Techniques in the Management of Aggressive Behavior (TMAB): all new employees participated in this course, which utilized behavior management and preventive techniques, as well as the practice of physical techniques to use in managing aggressive or hostile behavior of clients. Annual re-certification and review were offered.
- Cardio-Pulmonary Resuscitation (CPR): All new employees were involved in an Adult CPR course, with re-certification offered annually. Child and Infant CPR was also provided to those staff who needed this certification.
- Community Services Training: The Community Service staff (Community Living Services, Case Management, Early Intervention Program, Diagnostic & Evaluation, Foster Grandparent Program, Medicaid Waiver Program, Supported Employment, Community Workshops and the Group Home professional staff) participated in monthly in-services. Topics during FY 2000 included the training required by regulation, as well as Vocational Rehabilitation Services, ADA, Stress Management, Assistive Technology and Adaptive Equipment, SSI & Medicaid Services, Sexual Harassment, Depression, Family Issues and Conflict in the Workplace.
- Continuing Education Units (CEUs) and Professional Development: A total of eight CEUs were offered to teachers and licensed professionals for specific professional development in-services through an agreement with Hinds Community College. This included 2.5 CEUs for some of the Community Services Monthly In-Services, 1.0 CEU for the Education Department In-Services, and 4.5 CEUs for the Behavior Management classes.
- Professional Development Workshops: Various staff attended workshops off-campus to enhance their professional skills and knowledge. Staff were also encouraged to attend State Personnel Board Training and/or other seminars offered locally or at other DMH facilities when available, and applicable to their jobs. Supervisory training, other than direct care, was also offered through the Certified Public Manager Program or Basic Supervisor Courses. Two staff completed the CPM program and eight supervisors attended the Basic Supervisor Course.
- Driver Training: New employees who operate state vehicles participated in the four-hour Defensive Driving Course, which is taught by a certified National Safety Council Instructor.
- Other Department Training: Each department participated in regular departmental in-services as needed or required by standards. For direct care staff, this included feeding techniques, oral hygiene care, lifting & transfers, and other topics as deemed necessary during the year. Dietary conducted monthly training on topics such as food sanitation, hepatitis A, food quality & portions and in-services on equipment usage. Medical and Nursing staff participated in quarterly departmental in-services on wound care, diabetes, tracheotomy care and tuberculosis update.

**North Mississippi Regional Center's** University Affiliated Programs provided training for more than 1018 students from 13 colleges and universities during FY 2000. Through efforts of the center's UAP, NMRC networked with 31 college professors for course work supervision of 50 classes. Training involved student teaching, research, preceptors, internships, practicum opportunities and observation in a wide range of areas, including audiology, clinical psychology, speech pathology, occupational therapy, physical therapy, social work, special education, curriculum and instruction, educational

leadership, family and consumer science, exercise science and leisure management, wellness, educational psychology, nursing, and family medicine. Thirty-eight NMRC staff received \$28,065 in free tuition for courses at the University of Mississippi, which represents 60 undergraduate hours and 177 graduate hours of college work provided by NMRC.

On-campus training for NMRC staff totaled approximately 19,582 man-hours during FY 2000. This training included Direct Care Worker Upgrade, Supervisory Training, Judevine Training, programs regarding specialized equipment and techniques, and monthly in-service training. Additional topics covered included functional assessment, bus/van driver training, mealtime procedures, Americans with Disabilities Act, survey review, paperwork policy, Prader-Willi training, parenting, leisure management, CPR/First Aid/TMAB Recertification, writing Individual Program Plans (IPP), wheelchair safety, accountability sheets, Vulnerable Adults Act, effective communication, floor buffer usage, nurse ethics, sign language, psychological programming, medication/charting, adaptive teaching, drugs in the workplace, safety/accident prevention, minimum standards, nutrition/dietary needs, privacy, socialization, people mover training, autism, client choice, IBRs, QMRP training, water safety, HCBS record-keeping, and safe food handling. In addition, 332 NMRC staff attended approximately 100 off-campus workshops on various subjects, totaling 1,716 hours.

**South Mississippi Regional Center:** In FY 2000, staff training was provided in a variety of areas. Staff were provided monthly training on different required inservices, including topics such as Abuse and Neglect/Vulnerable Adults Act, Active Treatment and Normalization, Americans with Disabilities Act, Client Rights and Confidentiality, Fire Safety, First Aid for a Choking Victim, Infection Control/Universal Precautions, Safety Policy and Procedure and Accident Prevention, Disaster/Hurricane Awareness, Body Mechanics, Behavior Management Skills for Support Staff, Communication, Behavior Management, Completion of Incident Reports, and Handling Accidents and Roadside Emergencies. Multiple recertification classes in Techniques in the Management of Aggressive Behavior (TMAB) and in CPR were offered each month, both at the Long Beach campus and on-site at community-based programs.

Other specialized training activities included several workshops on Principles of Everyday Behavior Analysis, Helping Clients Develop Appropriate Sexuality, Grief and Loss: Helping Ourselves and Others, Adult Sensory Processing Issues: Effective Interventions, Communication, and Nutrition and Healthy Diet for Staff. Extensive behavior management training, in accordance with the Department of Justice decree order, was provided monthly to both professional and paraprofessional staff. Computer classes in GroupWise, Basic Computer Skills, Intermediate/Advanced WordPerfect, and MicroSoft Access were offered with assistance through the local community college.

Core staff development programs were provided on an ongoing, scheduled basis. These included New Employee Orientation provided twice monthly, Direct Care Worker Upgrade Training provided once per month, Direct Care Worker-Advanced Training offered quarterly, and Direct Care Worker Alternate Supervisor and Supervisor Training offered quarterly.

Further specialized management training was offered throughout the fiscal year. These programs included quarterly, on-site sessions of the State Personnel Board Basic Supervisory Training Program. Sessions were available to selected South Mississippi Regional Center supervisory and management staff as well as staff from other Mississippi government agencies. Other special management training topics were Sexual Harassment Update for Supervisors, Teaching Old Dogs New Tricks, Enhancing

Communication and Learning: A Sensory Integration Approach Through Learning, Person-Centered planning, Adventures in Cyberspace, and Budget Training. Top-quality management training was available via satellite broadcast from PBS "The Business Channel".

**Juvenile Rehabilitation Facility:** In addition to providing general orientation, monthly inservice training, TMAB and CPR, the JRF also offered training to JRF and other Department of Mental Health facility staff on topics of Cultural Diversity and the Goodness of Fit Program. This training was conducted by Dr. Nirbhay Singh from the University of Common Wealth, Virginia. Dr. Singh also consulted with the interdisciplinary treatment teams at JRF on program planning and documentation.

## 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 28 semi-annual visits to 14 community subcontractors of alternative/community living arrangement services.
- Reports are on file documenting 40 semi-annual visits to 20 subcontractors of work/employment services opportunities.
- Reports are on file documenting 16 semi-annual visits to 8 subcontractors of child development services.
- Reports are on file documenting 32 semi-annual visits to 16 subcontractors of case management services.
- Reports are on file documenting 57 total semi-annual visits to Home and Community-Based MR/DD Waiver services, including the following: attendant care, in-home respite, support coordination, physical therapy, occupational therapy, speech therapy, day habilitation and residential habilitation.

Each comprehensive regional center for persons with mental retardation implemented internal quality assurance systems, as well as documentation of regularly scheduled quality assurance monitoring reviews and the degree of adherence to regulations set forth by the Mississippi Department of Health, Division of Health Facilities Licensure and Certification, the Division of Medicaid, the MS State Department of Education and the Southern Association of Colleges and Schools (for centers operating school programs). Each regional facility also reviewed and/or updated its Manual of Policies and Procedures, as needed.

Each comprehensive regional center and the Juvenile Rehabilitation Facility provided pre-service training to new employees during FY 2000, which involved the following:

**Boswell Regional Center:** During FY 2000, BRC experienced a very stable workforce, with a turnover rate of approximately 3.25%. As a result, only 101 new staff participated in our New Employee Orientation Program. The orientation curriculum follows the agency requirements for mandatory topics for new employees. These include but are not limited to training in Abuse/Neglect/Exploitation, Client

Rights, Confidentiality, TMAB, CPR, Safety Awareness, Personnel Issues, Drug-Free Work Place, Sexual Harassment, and Intro to MR, etc. All new employees are required to successfully complete the requirements of the training program, including demonstration of competence in skills learned and passing a written test on concepts and policies and procedures specific to the facility, with a passing grade of 80.

**Ellisville State School:** 471 new employees in 23 classes were trained in a 48-hour orientation process covering such areas as personnel issues, abuse and neglect, behavior management, risk management, and psychotropic medication.

**Hudspeth Regional Center:** All new employees participated in General Orientation, which included an overview of the Department of Mental Health, Hudspeth Center, policies, mission, regulations and basic job-related skills/duties. A total of 282 employees participated in approximately 9,870 hours of New Employee Orientation courses. Eleven summer workers were also involved in a mini-orientation of approximately 77 hours of pre-job training.

**North Mississippi Regional Center:** 304 NMRC staff attended general employee orientation. A sample of training topics includes: personnel issues, abuse/neglect/Vulnerable Adults Act, client rights/confidentiality, active treatment, infection control, personal hygiene/oral care/hair care, feeding disorders, teaching self-help skills, aggression prevention/TMAB techniques, behavior modification and first aid/CPR. During FY 2000, general employee orientation involved a total of 14,136 man-hours.

**South Mississippi Regional Center:** Pre-service training was provided to 246 individuals. Total hours of pre-service training provided during the reporting period was 1387 hours.

Courses/information/opportunities provided were the following: Introduction to South Mississippi Regional Center; SMRC-Our Mission and Core Values-Thinking Like a Customer; What is Mental Retardation and Who are the Clients of SMRC?; On-Cottage Observation; Quality Services Management; Communication, Clients Rights and Working with Families; Employee Assistance Program; State Law/Client Abuse and Neglect; Drug Free Workplace/Drug Testing Policy; At SMRC, Safety is Everybody's Business; Fire Safety and Disaster Control; Infection Control and Handwashing; Body Mechanics and Transfers; Personnel Policies and Procedures; Seizure Procedures; Residential Services Overview; Active Treatment and the Team Process; Core Values Video and Writing Exercise; TMAB Preventive Techniques; TMAB Physical Intervention Techniques; Psychology Overview; Time Out Procedures; Education Department Overview; Safety for People Who Use Wheelchairs; Sexuality; OralHygiene; Mechanical Lift Training; Bathing Equipment Training; Feeding Techniques; Documentation and Personal Care Skills; Judevine System; Communication/Behavior Management Training; Incontinent Care Procedures;Portion ControlTraining and Data Collection; On-Cottage Behavior Management Training; and, Adult & Child CPR with Standard First Aid.

**Juvenile Rehabilitation Facility:** The JRF conducted five new employee orientation classes during FY 2000. A total of 25 staff participated in this 40-hour orientation, which included the following topics: Welcome and Introduction to JRF; Insurance; Personnel Policies; Roles and Function of Psychology; Myths of Mental Retardation; Accident Prevention, Disaster Procedures and Fire Safety; Body Mechanics; MSDS; Infection Control; Sexual Harassment; Electrical Safety; Clients' Rights; Vulnerable Adults; Introduction to Mental Retardation; Client Interaction and the Level System; CPR; Behavior Management; Diagnosis and Symptomatology; Psychotropic Medication; Functional Analysis;

Behavior Programming; Restrictive Procedures; Proactive Treatment; Observation and Documentation; BMAP and Behavior Reports; and, TMAB.

During FY 2000 the comprehensive regional centers and the Juvenile Rehabilitation Facility conducted new employee follow-up surveys. A report was given to the BMR Advisory Council in June, 2000. The surveys yielded the following results at the specific regional centers:

**Boswell Regional Center:** During FY 2000, Boswell Regional Center was in the process of setting up a database to evaluate survey results.

**Ellisville State School:** A follow-up survey was conducted after three months of employment. The one training need that was most often identified was more information on psychotropic medications.

**Hudspeth Regional Center:** Random surveys were done at the conclusion of New Employee Orientation sessions. DMH "New Employee Staff Training Surveys" were completed by all new employees hired between July 1 and December 31, 1999, after 90 days on the job. Suggestions for additional training included communicating with non-verbal individuals, body mechanics/ergonomics, and psychotropic medications/side effects.

**North Mississippi Regional Center:** NMRC conducts an annual survey for all employees every December to determine training needs. In addition, a survey is conducted for any new employee to determine the need for additional training that would have been beneficial. The results during FY 2000 yielded the following topics: how NMRC payroll system really works, how to complete the travel reimbursement and time sheet forms, "unsure of" opportunity for advancement, client relationships, interaction skills, and ways to deal with behavior problems.

In the Community Services Department, new staff are formally surveyed and follow-ups are conducted by the Staff Development Department. Informal program needs surveys/discussions are conducted annually in the Interdisciplinary Team meetings. These needs often include requests for specific training. For example; American Sign Language training was conducted in two community programs during FY 2000. Workshops were also conducted in two community programs to address programmatic paperwork needs.

**South Mississippi Regional Center:** New Employee follow-up surveys, conducted after 90 days of employment, indicated that after completion of several months on the job, new employees think their Orientation training enabled them to know how to do what is expected of them. About half indicate a desire for additional training. Most of those surveyed said that they would like to take advantage of all the training that SMRC had to offer, and did not identify specific topics on which training was desired. For those staff who did specify training desired, the topic was Behavior Management.

**Juvenile Rehabilitation Facility:** Surveys were sent to new employees after their third month of employment. Responses were received from 100% of employees surveyed with 16 staff indicating an interest in further training. The two most requested areas for additional training were Progress Notes and Documentation, and Behavior Management.

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

**Boswell Regional Center:** During FY 2000, Direct Care Upgrade training was provided to 61 Direct Care Trainees, making them eligible to become Direct Care Workers. All 61 participants successfully completed the training modules. In addition, BRC also provided Direct Care Advance training to 40 Direct Care Workers, making them eligible for promotion to Direct Care Advanced. All 40 participants successfully completed the training modules.

**Ellisville State School:** 251 people were trained in the Direct Care Upgrade Classes in FY 2000. All who began the program finished the classes, except those who resigned from employment.

**Hudspeth Regional Center:** A career ladder is available for eligible direct care workers upon successful completion of the required training. New direct care staff enter the system as Direct Care Trainees and advance to Direct Care Workers after completing New Employee Orientation, staff development upgrade and on-the-job training. During FY 2000, a total of 195 Direct Care Trainees were upgraded to DCW through 4,096 hours of training in addition to their NEO courses. Of the 254 DCW staff, approximately 30% were eligible for the Direct Care Advanced training/upgrade based upon the criteria and their length of employment. Twenty-two DCWs were upgraded to Direct Care Advanced Workers.

**North Mississippi Regional Center:** During FY 2000, NMRC had 114 staff who were eligible, participated in, and successfully completed the Direct Care upgrade training program. This program is provided once a month on the main campus and on an "as needed" basis at satellite sites.

**South Mississippi Regional Center:** Direct Care Upgrade Training is provided each month. Direct Care Trainees are scheduled to participate in this training during the second month of their employment at SMRC. During the reporting period, 188 Direct Care Trainees were eligible for this training program, at the end of their New Employee Orientation. One Hundred and thirty-one of these were still employed at SMRC approximately one month after they completed New Employee Orientation, and all 131 successfully completed the remaining portion of the Direct Care Upgrade Training. Fifty-seven Direct Care Trainees left the employ of SMRC between the time they completed New Employee Orientation and the following month, when they were scheduled for Direct Care Upgrade Training.

The comprehensive regional centers provided the following Direct Care Supervisor training during FY 2000:

**Boswell Regional Center:** More Supervisory positions were required in FY 2000. The facility provided Supervisory I training to 23 staff to meet those additional needs

**Ellisville State School:** 41 people were trained in the Direct Care Supervisor classes in FY 2000 from a pool of approximately 450 employees. All employees who participated in supervisory training passed the course.

**Hudspeth Regional Center:** Approximately 40 DCW staff were eligible for supervisory training and advancement. During FY 2000, 19 direct care workers were successfully trained for DCAS advancement and nine participated in DCS training. Also five Direct Care Supervisors completed the Basic Supervisor Course.

**North Mississippi Regional Center:** NMRC had 20 staff who were eligible, participated in, and successfully completed the Direct Care Supervisor training program. This program is provided four times per year.

**South Mississippi Regional Center:** Direct Care Supervisory Training is offered quarterly. Staff are sent to this training based on the need in the various programs for new Direct Care Supervisors. Twenty-one staff participated and successfully completed program requirements.

Seven staff from the Juvenile Rehabilitation Facility participated in and successfully completed Basic Supervisory Training in FY 2000. All staff providing direct care services at the JRF are in Vocational Training Instructor or Mental Health Active Therapist positions.

In addition to the Early Intervention/Child Development Programs, the four regional centers serving school-age children continued to provide appropriate educational opportunities to clients under 22 years of age residing at the centers. All four centers maintained accreditation by the Mississippi Department of Education and the Southern Association of Colleges and Schools (SACS).

At the Juvenile Rehabilitation Facility, basic educational opportunities in functional reading, writing and math are offered in a school setting. Rotational classes are offered in computer use, vocational training, health and safety, social skills and behavior counseling. Staff have participated in training conducted by the State Department of Education on assessment techniques. The Juvenile Rehabilitation Facility is also following regulations to be accredited by the State Department of Education and plans to make application for accreditation in the Fall, 2001.

The regional centers also continued to facilitate transition of persons served by the centers to other programs. Transitions were from preschool programs and center-based school programs to community-based public schools, as well as from institutional to community settings, including vocational and work settings. Examples of special accomplishments of the centers related to transitional services during FY 2000 are as follows:

**Ellisville State School** has three students attending public schools. Nine students graduated from the Special Education program and transitioned into the vocational program.

**Hudspeth Regional Center:** The HRC Education Department and the Rankin County School District have an Interagency Agreement to provide services to students in their least restrictive environment. The IEP Committee for all students under the age of 21 incorporate recommendations for the appropriate placement - center based or public school. During FY 2000, 21 students living at HRC were provided a free public school education in the Rankin County Schools.

**North MS Regional Center:** During FY 2000, 70 children transitioned from Project RUN's Early Intervention Program (EIP) to local day centers, Head Start and public schools. Five Americorp members worked with transitioning Project RUN children. Two students (under 21 years of age) living at NMRC were provided free public school education in the Oxford School District. Support for these students was provided by two Americorp members.

**South MS Regional Center:** During Fiscal Year 2000, interagency agreements were provided and communication began with Long Beach school district. Three students will participate in public school placement within the next school year. This will be the first time that students from SMRC will participate in public school placement.

Referrals made by the comprehensive regional centers to community services and supports which diverted institutional placement during FY 2000 included:

**Boswell Regional Center:** Boswell Regional Center referred individuals to the Early Intervention Program, the Home and Community-Based Waiver Services Program, Case Management Services, Vocational Services and Community Living Services, which helps divert them from being placed within an institutional setting.

**Ellisville State School:** ESS made referrals to counseling and psychiatric services from local Mental Health Centers, private psychiatrists, Home and Community Based Waiver Program, Case Management program, Sheltered Workshops, Vocational Rehabilitation Services, supported employment, Early Intervention Program, nursing facilities, public school programs, day educational services, and low income housing such as HUD and BMR group homes.

**Hudspeth Regional Center:** Individuals receiving services from the Diagnostic and Evaluation program were referred to community services and supports based on needs identified during the evaluation. Clients served in our other community programs were referred to agencies in the community when supports were needed. Examples of resources in the community providing services for clients include the Social Security Administration, Medicaid, Department of Rehabilitation Services, community mental health centers, Department of Human Services, physicians, dentists, hospitals, clinics, the Department of Housing and Urban Development, local public schools, civic organizations, Salvation Army, various transportation services, churches, food banks, and the Department of Health. Receipt of services from agencies of this type greatly enhance clients' ability to remain in their home communities. Hudspeth Regional Center provides supported and supervised residential programs, supported employment, workshops, early intervention programs, and Waiver services, which also divert institutional placement.

**North Mississippi Regional Center:** As a result of the Diagnostic Services' assessment process, clients and families may be referred to NMRC's Community Services Department, Home and Community-Based Services, and Project RUN. Referrals may also be made to other, non-NMRC programs, which may include, but are not limited to: the local public schools, the local health and human services departments, the First Steps Early Intervention Program, Head Start, the community mental health programs, the Lafayette County ARC (for respite services), the University of Mississippi Speech and Hearing Center, and home health agencies.

**South Mississippi Regional Center:** No Project PRINTS Early Intervention students are awaiting residential facility services. All students remained in the community during the year. SMRC Home and Community-Based MR/DD Waiver program has successfully diverted institutional placement, with numerous individuals choosing to receive in-home and community services and support through the Waiver program as an alternative to residential placement. The SMRC DD Case Management program also provides support coordination in order to assist individuals living in the community in accessing

available community-based resources that increase independence and inclusion through development and maintenance of an existing standard of living, learning, and working.

Individuals are provided with various services and supports from several agencies or organizations within the community. Social Security Administration officials advise individuals of changes in their monthly income benefits and other Social Security issues. Many of the individuals have health insurance through Mississippi Medicaid. The Mississippi Department of Rehabilitation Services employees participate in person-centered planning sessions and assist individuals in locating job placement. The Gulf Coast Mental Health Center and Singing River Mental Health Services provide individuals with needed counseling services, psychiatric services, DD services, and other collaborative efforts with SMRC programs.

Singing River Industries, a program through Singing River Mental Health Services, has a program entitled "Independent Living" which assists several individuals receiving DD case management services who are already living in apartments or homes of their own in obtaining and maintaining even more independence and skills in socialization, paying bills, housekeeping, safety, cooking, budgeting, and maintaining a checkbook. Numerous individuals attend community-based employment/habilitation sites administrated by SMRC or local organizations, and several also participate in organizations that provide social outlets. All individuals residing in the community use community-based health care providers. Mississippi Medicaid transportation, along with the local transportation authority, have been utilized by individuals who lack adequate access to transportation resources. Some individuals have used local taxi cab services to get to and from needed appointments.

Some of the other agencies who provide support include: the Mississippi Arc, which provides advocacy services to all individuals with developmental disabilities; the Veterans Administration, which assists with benefit information; the local Food Stamp offices, which assist with intake and application procedures; the Health Department, which assists with education and medical care; for individuals through the age of 21, the local school systems assist with education, support and linkage; the Mississippi Regional Housing Authority, which provides rental assistance to those who qualify; T. K. Martin Center for Technology and Disability, which assists with obtaining specialized adaptive equipment; local law enforcement officials, who assist with education and assistance when needed; local soup kitchens, which deliver meals to homebound individuals; and Donated Dental Services, through which local dentists willing to work free of charge help individuals in need of dental care.

## LICENSURE AND ACCREDITATION

During FY 2000, 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 22 and Table 23 provide data related to licensed/certified beds at the 5 regional centers.

**Table 22**  
**BUREAU OF MENTAL RETARDATION LICENSED ICF/MR SERVICES**

<b>Center</b>	<b>Active Beds Institutional (As of 12/99)</b>	<b>FY 2000 Total Served Institutional</b>	<b>Active Beds Community (As of 12/99)</b>	<b>FY 2000 Total Served Community</b>
<b>Boswell Regional Center</b>	140	149	58	62
<b>Ellisville State School</b>	552	600	109	111
<b>Hudspeth Regional Center</b>	283	298	80	84
<b>North MS Regional Center</b>	280	348	150	155
<b>South MS Regional Center</b>	160	162	97	98

### 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, 1998) through the last day of the fiscal period (June 30, 1999).

Table 23

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

<b>CENTER</b>	<b>Active Beds On-campus (As of 12/99)</b>	<b>FY 2000 Total Served On-campus</b>
<b>Boswell Regional Center</b>	<b>42</b>	<b>44</b>

**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:**

**Repair/Renovation**

Renovation of Boswell Regional Center Chapel #58 located at Sanatorium, MS, was completed September, 1999.

Renovation of Boswell Regional Center Building #28 located at Sanatorium, MS, was completed October, 1999.

Renovation of Boswell Regional Center Auditorium #15 located at Sanatorium, MS, was completed November, 1999.

Renovation of Boswell Regional Center Building Work Activity Center #67, located at Sanatorium, MS began February, 2000 and is currently in progress.

Renovation of Boswell Regional Center Electrical System located at Sanatorium, MS, began April, 2000 and is currently in progress.

Renovation of Boswell Regional Center Building #24 located at Sanatorium, MS, was completed June, 2000.

**New Construction**

Construction of a new 40' x 45' metal temporary storage building located at Sanatorium, MS, was completed November, 1999.

Construction of a new loading dock at Boswell Regional Center Work Activity Center located at Sanatorium, MS, was completed January, 2000.

Construction of new cement pads and park bench installation at Boswell Regional Center at Sanatorium, MS, was completed June, 2000.

**Ellisville State School:**

Construction of two ICF/MR group homes was completed in Richton, MS in December, 1999.

Construction of one ICF/MR group home was completed in Taylorsville, MS in June, 2000.

Construction for two ICF/MR group homes, to be located in Prentiss, MS, was initiated in December, 1999.

Phase II Fire Alarm Update for Building 51,88,29,90,91, and 46 was initiated in October, 1999.

**Hudspeth Regional Center:**

(1) Kosciusko - ICF/MR Community Group Homes project GS# 423-078 - one male and one female. The notice to proceed was September 1, 1999 - to J. & S. Contractors of Collinsville, MS. As of June 30, 2000, the homes were 90% complete.

(2) DeKalb - ICF/MR Community Group Homes project - GS# 423-079 - one male and one female. The notice to proceed was November 15, 1999 - to Construction Services of Meridian, MS. As of June 30, 2000 the homes were 70% complete.

(3) Water Well - GS # 423-076  
Water Tank - GS # 423-074  
Water Distribution - GS #423-077

Notice to proceed was September 13, 1999. A new water well system was drilled at Hudspeth Regional Center, a new water distribution system was installed to supply water from the new water well system to all the buildings on Hudspeth Regional Center campus, and a new water storage tank was constructed behind the Dietary Building at the site of the water well. The existing water storage tank was removed. The final inspection of the project was June 9, 2000.

(4) Noblin Education Project - GS # 423-072. The drawings have been completed and waiting for Bureau of Building approval. Bids for this project were projected to go out in January or February of 2001.

(5) Kilmichael Community Group Home project - GS# 423-081 - one male and one female. The twenty acres of property has been acquired. The plans for the group homes have been sent to the Bureau of Building for review.

**North MS Regional Center:**

**New Construction**

GS #424-063: Construction of the 7200 SQ/FT Harrison Building to house Resident Living Community Services and Home and Community Based Waiver programs was completed on the main campus of NMRC on March 13, 2000.

GS #424-065: Construction of two, 10-bed group homes in Batesville was completed on February 24, 2000.

GS #424-067: Construction of two, 10-bed group homes in Pontotoc County was completed on June 1, 2000.

GS #424-068: Construction of two, 10-bed group homes in Senatobia was initiated June 6, 1999. As of June 30, 2000, the property transfer was underway.

**Repair and Renovations**

GS #424-060: Removal and replacement of three underground fuel tanks to comply with Environmental Protection Agency 40CFR Part 280 was completed on March 18, 2000.

GS #424-062: Elimination of remaining hot water reheat system in Hudspeth and Engineering buildings and installation of natural gas heating units was completed on September 1, 2000.

**South MS Regional Center:**

**New Construction**

GS# 425-042: Construction of two ICF/MR 10-bed group homes in Waveland, Mississippi was initiated March 23, 1998. These homes were completed September 29, 1999, at a cost of \$1,079,509.

**Repair and Renovation**

GS#425-043: Construction of a 952 square foot addition to each of the 24-bed cottages on the Long Beach campus was initiated on October 12, 1998, and completed on August 12, 1999. The final cost of the project was \$497,498.

In-House Project: Renovation of the two 12-bed (Mockingbird Lane) cottages was initiated on April 20, 1999, to install a sprinkler system and convert back porches to office space, additional storage, a timeout area and a drug room. The project was completed on September 3, 1999, with an associated cost of \$99,215.

In-House Project: Construction of a 1,225 square foot addition to the central dietary building began on August 16, 1999, and was completed on April 19, 2000, with a final cost of \$162,257.

**Juvenile Rehabilitation Facility:**

Construction of a new volleyball court: Project was initiated on March 1, 2000 and was completed March 24, 2000.

Construction of a new warehouse and staff house: Project was initiated on January 24, 2000. At the end of FY 2000, the project was still in progress.

