

Mississippi

Access to

Care

**IMPLEMENTATION REPORT #1**

May 30, 2003

## I. EXECUTIVE SUMMARY

In October 2001, the Mississippi Access to Care (MAC) Plan was submitted to the Mississippi Legislature for consideration in response to House Bill 929 of the 2001 Session and to the Office of Civil Rights in response to the *Olmstead* Supreme Court decision. The MAC plan provided a vision of a comprehensive, responsive system of care to meet the needs of individuals with disabilities. Since that time, many individuals have worked to promote implementation of the components of the MAC plan.

After the MAC Plan was submitted and published on the MAC website at [www.mac.state.ms.us](http://www.mac.state.ms.us), the National Conference of State Legislatures (NCSL) published a report which recognized Mississippi as one of only four (4) states in the nation to complete a plan which included goals, responsible agencies, timelines, and budgets. Mississippi has been asked to present on the process of MAC plan development at NCSL meetings and by other states who are just beginning the process of developing a State Plan, including Virginia and Kentucky. Since the development of the Plan and its submission to the Legislature, the next obvious question is “So what have you actually implemented?”

In September of 2002, several agency representatives involved in the MAC Plan development attended a meeting sponsored by the NCSL to discuss the states’ responses to the *Olmstead* decision. Through discussions at that meeting, it became apparent that many of the goals outlined in the MAC Plan had been addressed or partially implemented, even though budget shortfalls prevented the State from funding full plan implementation. The agency representatives determined that an interim implementation report should be issued so those involved in the MAC Plan development, including state agencies and Legislative leaders would be aware of the progress made to date and also to reiterate the fact the MAC Plan is a long-term plan for systems change and has not been forgotten.

In December of 2002, state agency directors and MAC Focus Group chairpersons reviewed the MAC Plan and submitted an update on their progress to the lead agency in the MAC Plan development, the Division of Medicaid, Office of the Governor. Not all of the agencies or focus groups had information to report, so the Implementation Report only contains information that was received. As with the MAC Plan, this Implementation Report is not final, that is, it is a working document expected to change. The MAC Implementation Report #1 is based on data and information received by the Division of Medicaid as of January 14, 2003.

## Items Included in MAC Plan

	Update Included
<b>SYSTEM MODIFICATIONS</b>	
<b>1. Information/Data Development</b>	YES
<b>2. Communication/Education</b>	YES
<b>3. Training</b>	YES
<b>4. Individual Assessment</b>	YES
<b>5. Transition from Institutions</b>	YES
<b>PRIMARY SUPPORT SERVICES</b>	
<b>1. Transportation</b>	YES
<b>2. Housing</b>	
<b>a. Section 8 Voucher</b>	YES
<b>b. Training/Case Management</b>	YES
<b>c. Educate Housing Agencies</b>	YES
<b>d. Expand Home of Your Own</b>	YES
<b>e. Expand MR/DD Supported Living</b>	YES
<b>f. Personal Care Homes</b>	NO
<b>g. Emergency Care Shelters</b>	NO
<b>h. Expand SMI Group Homes</b>	YES
<b>i. Expand ICF/MR &amp; BMR Group Homes</b>	YES
<b>j. Expand SMI Supervised Apartments</b>	YES
<b>k. Expand MR/DD Supervised Apartments</b>	YES
<b>3. Home &amp; Community Based Waivers</b>	
a. Elderly/Disabled Waiver	YES
b. Independent Living Waiver	YES
c. MR/DD Waiver	YES
d. Assisted Living Waiver	YES
e. TBI/SCI Waiver	YES
f. Serious Emotional Disturbance Waiver	YES
<b>OTHER SUPPORT SERVICES</b>	
<b>1. Employment/Vocational Services</b>	
MR/DD Work Activity	NO
MR/DD Supported Employment	NO
Vocational opportunities in Schools	YES
Employment/Voc through Supported Emp.	NO
All Supported Employment	YES
Vocational Rehabilitation	YES
<b>2. Prevention/Early Intervention Services</b>	
Mental Health Prevention/Early Intervention	NO
Early Intervention MR/DD Services	NO

	<b>Update Included</b>
First Steps	NO
Child Find	NO
<b>3. Diagnosis/Evaluation</b>	
Psychological Evaluation	NO
Flexible Funding for WRAP Around	NO
Service Plan Review	NO
Intake/Assessment Services	NO
<b>4. Day Treatment</b>	YES
<b>5. Outpatient Therapy</b>	YES
Children's Outpatient Therapy	YES
Adult Outpatient Therapy- SMI	NO
<b>6. Medication Evaluation &amp; Monitoring</b>	
Medication Monitoring (children)	NO
Medication Monitoring (adult)	NO
<b>7. Therapeutic Nursing Services</b>	
School Nurses	NO
<b>8. Respite</b>	YES
<b>9. Therapeutic Foster Care</b>	NO
<b>10. Therapeutic Group Homes</b>	NO
<b>11. MAP Teams</b>	YES
<b>12. Psychosocial Rehab/Day Support</b>	YES
Psychosocial Rehab "Clubhouse Model"	YES
Day Support	NO
<b>13. Case Management</b>	
SED Children	NO
SMI Adults	NO
MIMS (intensive case mgmt)	NO
MR/DD	NO
EPSDT for SED Children	NO
Targeted CM for DHS Custody	NO
<b>14. Medication Purchase (SMI)</b>	NO
<b>15. Family Education &amp; Support</b>	YES
<b>16. Elderly with SMI</b>	NO
<b>17. Adult Day Care Services</b>	NO
<b>18. Crisis Centers</b>	YES
<b>19. Intensive Residential Treatment</b>	NO
<b>20. Intensive In-Home Treatment</b>	NO
<b>21. Education- IDEA Transition</b>	YES
<b>22. Home/Vehicle Modifications</b>	YES
<b>23. Div. of Community Services</b>	NO
<b>24. Services to Vulnerable Adults</b>	NO
<b>25. Department of Rehabilitation</b>	YES
Attendant Care	YES

	<b>Update Included</b>
Independent Living	YES
For Blind	YES
For Older Blind	YES

## II. BACKGROUND AND OVERVIEW

This is a follow-up report to the Mississippi Access to Care (MAC) Plan completed by the State of Mississippi, September 30, 2001. The history leading to the MAC workgroup and the plan development process are outlined in the MAC Plan. This report is intended to provide an update on progress toward implementation of the MAC Plan components and does not repeat the entire MAC Plan. Only items for which information was received about progress to date from the Focus Groups or state agencies are included in this report. It is suggested that this Implementation Report be reviewed along with the MAC Plan available at [www.mac.state.ms.us](http://www.mac.state.ms.us).

## IV. MAC ACTION PLAN

### A. CRITICAL SUCCESS FACTORS

There were certain critical success factors identified by the individual focus groups to be addressed throughout the plan. These factors, which are conditions deemed essential to optimum plan implementation, included:

- **Developing and implementing a tracking system**  
A tracking system design must be correlated to quality assurance and enhancement activities, data collection, aggregation and interpretation as related to the overall MAC plan performance and outcomes. Such a tracking system will enhance strategic planning across and among various State agencies.
  - **Update:** Nothing reported
- **Sustaining collaborative partnerships**  
The plan's success will ultimately rest on the substantial involvement of all stakeholders in the continuous review, revision and updating of the plan throughout its implementation.
  - **Update:** Since the development of the MAC plan, state agencies and consumer organizations have engaged in and continue to maintain collaborative partnerships that exhaust available means in the attempt to meet the needs of individuals with limited resources.
- **Sustaining legislative support and advocacy**  
Clearly, to implement the MAC Plan additional financial resources will be needed from the Legislature. Understanding and support from Legislators will be critical to achieving the desired results.
  - **Update:** During these difficult financial times, it is hard to ascertain the real level of Legislative support for implementation of the MAC Plan. While the MAC Plan has not been funded, per se, many agencies continue to receive funding which allows parts of the MAC Plan to be implemented, reflecting Legislative commitment to addressing needs of individuals with disabilities as funds become available.
- **Achieving quality management**  
A quality management system must address major focus areas of the State plan and interface with existing quality management instruments now in use. Key system components must track State Plan elements, goals, action steps, timelines, and accountability for assigned responsibilities. Monitoring probes should be developed

to reflect person-centered consumer outcomes, evaluation, and alteration of supports to ensure the quality of individualized services.

- **Update:** Little progress has been seen in this area as a whole. However, individual projects at the agency level, are addressing some of the items. A comprehensive quality management system has not been implemented due to the shortage of funding for additional staff to handle such extensive responsibilities.
- **Creating a person-centered service delivery system**  
A person-centered service delivery system values direct action over process and individualized dignity over external controls. An individual's achievement of personal goals demands sustained, continual shaping of supports, and provision of flexible services to promote the most integrated setting.
  - **Update:** Progress in this area continues and appears to be slow but steady. "Person-centered" approaches to service delivery can be seen across agencies, although the various approaches may have different terms, such as "wraparound services". For example, the MS Council on Developmental Disabilities is continuing support of person-centered planning training efforts. Additionally, the DMH in coordination with DOM have begun implementation of a federally funded Real Choice Systems Change project, designed to introduce a person-centered planning process through certain services for individuals with serious mental illness.
- **Attaining independence and inclusion**  
Attaining independence and inclusion rests in the combined partnership of all stakeholders who are, and remain committed to, a consumer's defined personal development goal.
  - **Update:** Although this ideal is endorsed almost universally by the MAC Plan proponents, implementation of this factor has been hindered by limited resources. At times, a consumer's defined personal development goal may be unattainable because the resources necessary for attainment may not be currently available.
- **Meeting challenges in a rural State**  
Our State's rural demographics work in direct opposition to desired service improvements for citizens with disabilities. Successful implementation of a community-based service delivery system that affords individuals with opportunities in the most appropriate setting must neutralize demographically-based constraints.
  - **Update:** This continues to be fragmented, with some areas of the State- even rural areas- having a more comprehensive array of services available than other areas. The Dept. of Mental Health has continued to emphasize the development of community mental health services in schools to facilitate outreach in rural areas. The Division of Medicaid has supported these efforts in administrative decisions related to the Medicaid Community Mental Health program.

## **B. SYSTEM MODIFICATIONS**

- 1) Information/Data Development Goal 2**
- 2) Communication and Education Goal 2**

Both the Information/Data Development and Communication and Education items in the MAC Plan addressed the need for a toll-free assistance line to serve as a single point for

individuals with disabilities to obtain information. Given its experience in operating an assistance line, the MS Department of Mental Health (DMH) could be effective in the lead agency role providing the initial information and referral or triage of calls to the appropriate agency(ies) in the assistance network. The MS Department of Mental Health's Office of Constituency Services (OCS) continues to serve as a model for how other service agencies can implement an effective line for the services they administer. The major responsibilities of this office include establishing and maintaining a toll-free help line for responding to requests for information by consumers and their family members and other callers to the help line. This office is also responsible for responding and attempting to resolve consumer complaints about services operated and/or certified by the Department of Mental Health. Policies and procedures have been developed for resolving consumer complaints, both formally and informally.

As implemented by DMH, the OCS toll-free assistance line system can also serve as a model to address a goal under the *Information/Data Development* component in the *MAC Plan*, that is, to develop a comprehensive electronic service resource directory listing services, providers, types of assistance, and other specific information relevant to accessing the service. OCS maintains a computerized database of all DMH-certified services for persons with mental illness, mental retardation and substance abuse problems and continues to add other human services resources, as caller needs require. This information is accessible through a toll-free telephone number. The number is accessible 24 hours a day, seven days a week, and information is updated by OCS staff on a regular basis through a structured process.

### **3) Training Goals 1 & 2**

The *MAC Plan* included a goal to address the need for training public and private service providers in a person-centered planning philosophy, an approach which has been facilitated for many years through initiatives sponsored by the MS Department of Mental Health and the Mississippi Council on Developmental Disabilities.

The Mississippi Council on Developmental Disabilities funded a multi-year person-centered planning initiative designed to enhance the use of the person-centered planning process throughout various state agencies and support organizations, and thereby improving outcomes for individuals with disabilities and their families. The initiative, which has been implemented by the Department of Curriculum and Instruction and Special Education at the University of Southern MS (USM), has included on-site demonstrations of person-centered planning among previously trained individuals, training of new groups, development of finished products to be used by others to provide training, and a follow-up survey summarizing the impact of person-centered planning on the lives of individuals and service providers. In the third year of the project, 20 educational presentations were provided, introducing the person-centered planning approach to 584 individuals representing agencies that offer education, mental health and other support services, including family support. More in-depth full-day workshops on person-centered planning were provided to the people comprised of interagency groups in the northern, central and southern parts of the state, attended by 74 individuals.

In FY 2003, the MS Department of Mental Health, in collaboration with the Division of Medicaid (Office of the Governor), has begun implementing a recently awarded *Real Choice Systems Change* three-year project (\$1.385 million), designed to improve community-based, long-term services and supports for adolescents and adults, ages 17 and older who have a serious mental illness or a dual diagnosis of mental illness and substance abuse. The individuals targeted to be served through the project include persons who are being discharged from one of the state hospitals or from an intensive residential program or who otherwise are identified as being at high risk of admission to such service settings. The purpose of the *Real Choice Systems Change* project is to introduce a person-center planning (PCP) process through the Mental Illness Management (MIMS) and intensive case management services as an effective model for ensuring enduring improvements in community long-term support systems. These improved support systems will enable individuals who have serious mental illness or dual diagnoses to live and participate in their communities. The community mental health center regions selected to participate in this federal grant project, funded by the Center for Medicaid and Medicare Services, include Region 6 (Greenwood), Region 13 (Gulfport) and Region 15 (Vicksburg). Project implementation is now underway, beginning with initial person-centered planning sessions held in December, 2002 in Vicksburg and Greenwood.

The Department of Human Services has made efforts in cross training professionals in the aging and developmental disabilities service network.

#### **4) Individual Assessment Goal 1**

##### **5) Transition from Institutions**

The Department of Mental Health has addressed goals included in the Individual Assessment and Transition from Institution items of the MAC Plan.

During FY 2002, the Department of Mental Health, Bureau of Mental Retardation Program Manual for the regional facilities was revised to further ensure the prevention of unnecessary or inappropriate admission of persons in institutional programs, identify those persons currently living in institutions for whom community placement has been recommended by the treatment team or has been requested by the individual (or family or other person acting on behalf of the individual); and provide options and choices for community services and supports in the most integrated settings available.

Mental health pre-evaluation screening for civil commitment services, a major purpose of which is to reduce the number of inappropriate admissions to the state psychiatric facilities, continues to be available through all 15 CMHCs. In providing assistance to the courts and other public agencies, community mental health centers screen area consumers who are being considered for civil commitment to a state psychiatric facility for inpatient treatment in order to determine the appropriateness of such referrals. During FY 1995, the state expanded this service to include a process for a single point pre-evaluation screening for commitment examinations. This process was established by legislation through changes in the state's civil commitment law during the 1994

legislative session. The civil commitment process requires that the local CMHC conduct a pre-evaluation screening for the Chancery Court and make a recommendation of whether the commitment process (including examination for inpatient or outpatient commitment) should continue. The pre-evaluation screener also provides useful information about available community services for the Court's consideration, if alternatives to inpatient commitment are appropriate. If the court determines there is a need to continue with the involuntary commitment process, the consumer is evaluated by either two physicians or one licensed physician and one licensed and certified psychologist. The commitment examination is to make a recommendation about whether civil commitment should be made, either for inpatient or outpatient services. Since 1995, the Department of Mental Health has required training and certification of community mental health center staff conducting pre-evaluation screening.

A significant portion of Mississippi's federal mental health block grant (CMHS Block Grant) increases in FY 2000 and in FY 2001 have continued to be allocated to the 15 community mental health centers for providing intensive case management services for adults with serious mental illness. These CMHS Block Grant funds further support staff and expenses for providing intensive case management services to individuals with serious mental illness being considered for inpatient treatment. The funds also support community mental health center staff maintaining supportive contact with consumers and participating in hospital discharge planning to assure a smooth transition from inpatient to community services settings. Staff who will be providing intensive case management will also be available to work closely with staff of the new state crisis centers, which are under development and described in a section of this report that follows. The overall goal of the crisis center staff and the intensive case manager is to reduce the need for unnecessary hospitalization whenever possible and to improve the consumers' quality of life.

Additionally, revisions to the *MS Department of Mental Health Minimum Standards for Community Mental Health/Mental Retardation Services*, effective in July, 2002, included the addition to mental health aftercare services of more specific requirements that individuals must be evaluated for case management services, that community mental health center contact information be updated/provided to referring facilities, and that professional staff be trained/knowledgeable in aftercare requirements. The timeline by which evaluation of individuals for case management services must be conducted was also shortened.

## **C. PRIMARY SUPPORT SERVICES**

### **1) Transportation Goal 1**

The establishment of creative transportation initiatives/demonstration projects by legislative mandate (or by Executive Order, as appropriate) in FY 2003 was recommended under a *MAC Plan* goal to create transportation opportunities for individuals with disabilities. Though not mandated, the Mississippi Council on Developmental Disabilities awarded four transportation initiatives for FY 2003, with a total dollar amount of \$171,447 federal share, or \$215,599, including local match. These

initiatives were awarded to Jeff Davis Public Schools, MS State University (T. K.. Martin Center), Region 8 Community Mental Health Center (Brandon) and Lift, Inc. (Tupelo).

Two additional strategies recommended under the *MAC Plan* goal to create transportation opportunities were: the identification of a lead agency responsible for development and implementation of a comprehensive transportation plan in FY 2003 that will maximize existing resources and develop funding requests for FY 2006-2011, and conducting a feasibility study in FY 2004 to determine options for a consolidated interagency plan.

The Mississippi Department of Transportation, Division of Public Transit, is presently coordinating an initiative for an independent study to improve transportation services for people in Mississippi who utilize public and private transportation services. People with disabilities are one group of riders under review. Therefore, MDOT would appear to be the agency that should take the lead role in transportation planning. The independent study initiative is to be considered the feasibility study, and is projected to cost approximately \$250,000 at a minimum. Independent consultants with expertise in transportation issues will be utilized in the study, which is proposed for FY 2004.

Another strategy recommended under the *MAC Plan* goal is to develop/establish partnerships between programs/service providers to provide consolidated fixed route (mass transit) and flexible scheduling (personal mobility) opportunities by FY 2004. Representatives of the MS Department of Transportation (Mr. Charles Carr), the Mississippi Division of Medicaid (Ms. Jan Larsen), the MS Department of Human Services (Ms. Pam Simpson), and the MS Council on Developmental Disabilities (Mr. Edwin Butler) have been meeting regularly to plan for the transportation feasibility study to support people who need transportation services.

A final strategy recommended under the *MAC Plan* goal was to appoint the MS Council on Developmental Disabilities to provide further research, recommendations and pilot programs, including the development of a *Transportation Guide* for all individuals with developmental disabilities. One of the MS Council on Developmental Disabilities grants listed previously was awarded to Region 8 Community Mental Health Center to research and develop the *Transportation Guide*. The project, which is being coordinated by Mr. Buddy Parham of the Parham Group, has a projected completion date of September 30, 2003.

Project MACC (Mississippi's Accessible Commuter Car), funded through the MS Council on Developmental Disabilities and implemented by the T.K. Martin Center for Technology and Disability at Mississippi State University (listed previously), is addressing the issue of transportation in a progressive and cutting edge way. Engineers at the Center are working collaboratively with other engineers and designers to refine a prototype of an intelligent wheelchair-accessible commuter vehicle for individuals who are unable to operate a standard motor vehicle. The vehicle will be equipped with "smart-car technology" and designed so that an individual who is a wheelchair user can operate it without the need to transfer in or out of their wheelchair. For persons with

other disabilities, a modular design will allow a driver's seat to be interfaced with the unit. Project staff are also researching the potential applicability of this technology for various distances and under different driving conditions.

## **2) Community-Based Housing**

**Goal 1:** a. The Home Of Your Own (HOYO) program of the Institute for Disability Studies submitted a comprehensive housing plan for people with all types of disabilities to the MAC committee in 2001.

b. HOYO established a coalition of housing and service providers in 1998 and continues to update the membership to improve and expand the capacity of the program.

**Goal 2:** a. Mississippi Development Authority has been advised of the importance for supervisors to enforce building code having to do with the ADA.

c. HUD put on a training for all Regional Housing Authorities on the new Section 8 Voucher that pays all or part of the mortgage payment which improves the possibility of home ownership for people with disabilities who have Section 8 Vouchers.

**Goal 3:** f. HOYO attended and presented fair housing, ADA, accessible housing, and 504 of the Rehabilitation Act compliance issues at HUD's Annual Housing Summit to housing agencies. HOYO has provided such training to local lenders and housing agencies. HOYO is in the process of developing manuals to provide such training on a statewide and local level to all appropriate agencies. (Currently attempting to locate funding for the development of manuals to cover these topics.)

**Goal 4:** b. Housing agencies such as MDA, MHC, MHI, Rural Development, HUD, Section 8, Regional Housing Authority have been made aware of the funding needs of people with disabilities through meetings or training conducted by HOYO.

c. Regional Housing Authorities have been encouraged to implement the new Section 8 voucher program through a training conducted by HUD but they have not earmarked a percentage for people with disabilities.

d. Mississippi Development Authority expanded the amount of money given to HOYO for down payment, closing cost, and retrofit by \$50,000 from \$100,000 to \$150,000. There is not a commitment to increase the allocation by \$50,000 each year, however, HOYO should be able to show the need to increase it annually.

## **Goals 3, 4 & 5**

DMH has continued to provide funding to support and expand community-based housing options services for individuals with mental retardation/ developmental disabilities and for individuals with serious mental illness. A total of 515 individuals with serious mental illness were served through group homes certified by the DMH Bureau of Mental Health; 87 persons were served through transitional residential or halfway house services; and, 217 individuals were reported being served through other supervised housing options.

In FY 2002, 885 individuals with mental retardation/developmental disabilities received community living services through the Bureau of Mental Retardation. In FY 2003, the Department of Mental Health has been developing nine additional community group

homes for individuals with mental retardation: two each in Tate, Prentiss, Montgomery, and Jasper counties, and one in Lowndes County. The DMH is also planning construction of up to 24 apartments in Simpson County for individuals with mental retardation. Additionally, HUD funded apartments continue to be available to individuals with developmental disabilities in Yazoo City (operated by Warren-Yazoo Mental Health Services), in Brandon (operated by Hudspeth Regional Center), and in Picayune (operated by St. Francis Academy).

In FY 2002, the Department of Mental Health opened two new group homes for adults with serious mental illness in DeKalb (administered by East MS State Hospital). The DMH is also developing two community group homes for individuals with serious mental illness in Tupelo (to be administered through the North MS State Hospital), one home in Central Mississippi (to be administered through the MS State Hospital) and one in Newton (to be operated through the Central MS Residential Center). Also, beginning in FY 2002, the DMH certified and provided state funding for four additional therapeutic group homes, operated by Hope for Children, a non-profit organization in Meridian.

Additionally, the Region 4 Community Mental Health Center (Timber Hills Mental Health Services) is developing supervised apartments in three communities in Northeast MS, with 18 apartments each to be available in Corinth (construction and final inspection completed and individuals anticipated to move in during FY2003), in Ripley (currently under construction), and in Iuka (under final review by HUD before closing, after which construction will begin). Region 11 Community Mental Health Center (Southwest MS Mental Health Complex) is also developing 18 supervised apartments in Gloster (Amite County) for individuals with mental illness (under final review by HUD, after which construction will begin).

In FY 2002, the DMH completed coordination of the first statewide “point in time” count of individuals who are homeless and have mental illness. The results of the needs assessment, which was conducted in selected counties in which specialized programs serving homeless persons are located, are being analyzed for re-evaluation of how federal PATH funding for this population is utilized. A member of the DMH Division of Community Services staff has also continued to participate in a workgroup established by DMH, the Homeless Task Force, which includes gatekeepers, such as the Veterans Administration, Catholic Charities, Inc., the Salvation Army, the Department of Human Services, the University of Mississippi Medical Center, community mental health centers, and others, to identify the needs of homeless persons, including homeless persons with mental illness, and propose immediate and long-term solutions. A major activity coordinated and sponsored by the workgroup was the Homeless Conference, held on March 15, 2002, and attended by service providers from throughout the state. The DMH Division of Community Services staff member, who oversees the administration of the PATH grant program in MS, also participates in the Partners to End Homelessness and the Mississippi United to End Homelessness Coalition.

In November 2002, a three-day Pre-Policy Academy was held in Jackson, MS for State and local policymakers “Improving Access to Mainstream Services for People

Experiencing Chronic Homelessness”. The team traveled to Atlanta, GA in January 2003 to participate in the actual three day Policy Academy hosted by Health Systems Research, Inc, U.S. Department of Health and Human Services, U.S. Department of Housing and Urban Development, and U.S. Department of Veteran Affairs. It is there the team began developing a comprehensive plan to help those experiencing homelessness gain access to mainstream services. Currently the team is working on finalizing the plan to submit to Health Systems Research, Inc. by the end of March, 2003.

The Department of Human Services is making progress toward developing and implementing services and supports that will address the housing, social and medical needs of the aged developmentally disabled individual and will allow them to fully participate in all activities available to seniors in their home communities.

### **3) Home and Community-Based Waiver Program**

#### **Goal 1**

##### **a. Elderly/Disabled Waiver**

During FY02, the E & D Waiver served 9,204 individuals- an increase of 2,253 over FY01.

##### **b. Independent Living Waiver**

During FY02, 424 individuals were served in the IL Waiver – an increase of 94 over FY01. Funding was received to meet the projected goal of 500 for Fiscal Year 2003.

##### **c. Mental Retardation/Developmental Disability Waiver**

During FY02, 1474 individuals were served by the MR/DD waiver – an increase of 596 over FY01. The Department of Mental Health is utilizing an additional \$1.5 million for State matching funding from Healthcare Expendable Trust funds for the MR/DD HCBS waiver program, which will create \$6 million in Medicaid funding.

##### **d. Assisted Living Waiver**

In FY02, the first year of operation of the Assisted Living waiver, 40 individuals received services under that waiver.

##### **e. Traumatic Brain/Spinal Cord Injury Waiver**

In FY02, the first year of operation of the TBI/SCI waiver, 123 individuals were served. Funding was received to meet the projected goal to serve 50 additional individuals for Fiscal Year 2003.

#### **Goal 2**

##### **a. Serious Emotional Disturbance Waiver**

The Children’s Services Task Force of the Mental Health Planning Council has appointed a committee to work on the scope of a waiver for children with serious emotional disturbance. The DMH, which has been collaborating with the Division of Medicaid in the development of a waiver application for persons with autism, included a request for \$569,000 in its FY 2004 Budget Request to begin the autism waiver program.

##### **Other Waiver Development Efforts**

The Department of Mental Health has been collaborating with the Division of Medicaid and the Department of Rehabilitation Services in the development of a waiver application for persons with a deaf/blind diagnosis.

## **D. OTHER SUPPORT SERVICES**

### **1. Employment and Vocational Services**

**Goal 3:** The Department of Education has made tremendous strides to improve this area through non-legislative means and to improve services despite the lack of funding for positions.

The Department's major responsibilities for services to the disabled fall under the Office of Special Education. During the past year, the Department has developed and approved new Special Education Policies and Procedures that will take effect in July 2003. The Department has also approved a new Special Education monitoring instrument that will better target and identify deficiencies in Special Education services. Continued collaboration between the Office of Parent Outreach and parent organizations has been successful and was crucial in the development of the new monitoring instrument and the new policies and procedures manual. This collaboration and cooperation is expected to continue.

As described in the MAC Plan, the Department of Education (DOE) supports funding for Secondary Transition coordinators for each school district. Additionally, the DOE will continue to encourage vocational education opportunities to individuals with disabilities as determined by an individualized education plan. Also, the Department will continue efforts to identify children eligible for services through the ChildFind program and supports funded coordinator positions in each district.

**Goal 4 & 5 (Goal 4 is included with Goal 5):** MDRS receives \$347,619 in federal grant dollars to fund its Supported Employment activities. In Fiscal Year 2002, DRS served 793 individuals in this program. The funding for 2003 has not increased and DRS anticipates being able to serve approximately 800 people with these funds. In years past, DRS has been able to supplement this grant with surplus funds from either the General VR program or Social Security Reimbursement program. However, DRS reports they cannot count on these surplus funds being available every year and must plan services according to the known amount being received through the grant.

**Goal 6:** In 2002 Office of Vocational Rehabilitation (OVR) served 19,536 individuals with \$17,435,666. It is anticipated that OVR can serve the number indicated in the plan for 2003 with its current funding.

In 2002 Office of Vocational Rehabilitation for the Blind (OVRB) served 2,081 individuals who were blind or otherwise visually impaired with \$3,456,510. It is anticipated that OVRB can serve the number indicated in the plan for 2003 with its current funding.

#### **4. Day Treatment**

In FY 1996, there were 89 school-based day treatment programs across the state and 206 general school-based outpatient sites where individual, family and group therapy were available. In FY 2002, there were 191 school-based day treatment programs, and 456 school-based general outpatient sites. The revised *Department of Mental Health Minimum Standards for Community Mental Health/Mental Retardation Services* now also require that CMHCs providing school-based services maintain a written interagency agreement(s) specifying the respective responsibilities of the school and the CMHCs. The DMH anticipates the strengthening of school-based mental health services across the State. For example, the DMH is in the process of implementing a new requirement for CMHCs to offer a minimum of one children's day treatment program and one outpatient therapist at a school site in each public school district served by the community mental health centers. School-based services in two CMHC regions also continue to include therapeutic nurses, who perform physical observations and assessments, educate teachers and families about medications and diagnoses, monitor sleeping and eating habits, and monitor medications and possible side effects.

#### **5. Outpatient- Children**

The Department of Mental Health's Division of Children and Youth Services continues its emphasis on expansion and improvement in school-based mental health programs, the number of which has doubled over the past five years. Making mental health services available in the schools is a major part of the DMH's strategy to make services more accessible to children and families, particularly in rural areas of the State. By providing additional support to school personnel in identifying and helping educators address behavioral problems that occur in the school setting, the issues of early identification and intervention, collaboration across systems, and prevention of drop-outs may also be positively impacted.

Local schools have been participating in training provided through person-centered planning initiatives supported by the MS Council on Developmental Disabilities. Another Council funded initiative targeting school-aged youth, Recreation Through Extracurricular Activities for Children with Technology (REACT), is designed to promote the inclusion of students who require the most support in extracurricular activities, both in and out of school. The project is a training activity being implemented by the T. K. Martin Center for Technology and Disability at MS State University with school personnel in the Starkville area. Community leaders are also involved in the project, which focuses on the ways assistive technology can expand access to out-of-class recreational and social activities, such as clubs, team sports, and scouting, for students with the most challenging physical and cognitive disabilities.

#### **8. Respite Services**

The Department of Human Services is seeking additional funding for the National Family Caregiver Support Program component designed to provide services specifically for elderly caregivers who care for their grandchildren with disabilities. The DMH has begun implementation of a federal (Administration on Aging) grant

project, working with a local Alzheimer's Disease Association and two Area Agencies on Aging (AAA). The objectives of the project are to develop 10 volunteer-staffed respite programs in alliance with community-based organizations and to expand existing in-home respite and personal care services managed by the local AAAs in the project.

#### **11. Making a Plan (MAP) Teams**

The Department of Mental Health has continued to participate in and facilitate state and local level interagency teams to address the needs of youth with serious emotional disturbances who are at risk for out-of-home treatment or placement. Statewide, 27 local interagency teams, referred to in Mississippi as *Making A Plan* or MAP teams, have been developed in 14 of the 15 community mental health center regions and include local representatives of child and family service agencies. The Department of Mental Health provides state or federal flexible funds to 14 of these MAP teams, which focus on working with parents and across agencies to develop plans for addressing the needs of youth with serious emotional disturbance who have more intensive or complex needs. The DMH provides technical assistance to the teams, the coordinators of which meet regularly. The teams are designed to provide a wraparound approach to serving children and families, maximizing local resources and working to prevent hospitalization or out-of-home placement. The recently revised *Department of Mental Health Minimum Standards for Community Mental Health/Mental Retardation Services* now require that community mental health centers make available or participate in at least one MAP team in their region and specify participation by other child serving agencies and family member representatives.

#### **12. Psychosocial Rehabilitation/Day Support Programs**

The DMH Division of Community Services for Adults has maintained its efforts to improve the quality of clubhouse psychosocial rehabilitation services throughout all community mental health regions of the State, continuing to provide funding support for Internationally Certified Clubhouse Development (ICCD) training available at Gateway House in South Carolina and for the provision of technical assistance in-state. Part of this training is targeted on improving the transitional employment program, an important component of the clubhouse rehabilitation program.

#### **15. Family Involvement, Education and Support**

In FY 2002, the Department of Mental Health allocated a significant portion of an increase in federal mental health block grant funds (CMHS Block Grant funds) to stabilizing the family education/support program for families of individuals with mental illness statewide. The DMH Division of Children and Youth Services has most recently been focusing on facilitating the involvement of family members of youth with serious emotional disturbances on Making a Plan (MAP) teams, described previously.

One activity included in the person-centered planning initiative funded through the MS Council on Developmental Disabilities and described previously included

presentations of the person-centered planning process to local ARC chapters in the state, which involved family members, individuals with developmental disabilities, school district and agency personnel in learning more about the process and how to implement it. This activity was also designed to identify individuals in local ARC chapters who would assume a lead role in conducting person-centered planning and in providing additional training at the local level.

Additionally, as mentioned previously, the *MS Department of Mental Health Minimum Standards for Community Mental Health/Mental Retardation Services* has been revised and are designed to promote the provision of quality services while offering more options and choices for individuals receiving services. One revision requires community service providers to have an individual/family advisory committee to advise the governing authority of the local provider on matters related to individual/family satisfaction, annual operational plans, performance outcomes, program planning and evaluation, quality assurance/improvement, type and amount of services needed and other issues the advisory committee chooses to address. The committees must include family members and individuals served by the provider, as well as other interested individuals, with representation commensurate with the major services provided by the organization (e.g., mental health services, substance abuse services, etc.).

## **16. Aging**

The DMH Division of Community Services for Adults continues to assist community mental health providers in the state in the development of psychosocial rehabilitation programs for elderly persons with mental illness and mental retardation. Currently, there are 16 elderly psychosocial rehabilitation programs in eight of the 15 community mental health center regions. The standards for implementing these programs were revised in FY 2002, addressing areas such as new tracking requirements for outreach activities, population-specific education requirements, enhanced staffing and expansion of the age range for program eligibility (lowering the minimum age to 50 from 60 years of age).

Additionally, the DMH continues to operate the Division of Alzheimer's Disease and Other Dementia, which was established in accordance with 1998 state legislation and is administered through the DMH's Bureau of Mental Health. In addition to the main state office, satellite offices of the Division are maintained in Hattiesburg and in Long Beach. The responsibilities of the Division are to develop training for caregivers and to establish community-based day programs for individuals with Alzheimer's Disease/Other Dementia. Currently, two such programs are operational (in Newton and in Greenwood), and further expansion is anticipated if additional funding becomes available. Standards for operation of day programs for persons with Alzheimer's Disease/Other Dementia were also included in recent revisions to the *MS DMH Minimum Standards for Community Mental Health/Mental Retardation Services*. Staff from the Division of Alzheimer's Disease and Other Dementia and the Division of Community Services have continued to collaborate in conducting

what has become an annual statewide conference focusing on Alzheimer's Disease and Psychiatric Disorders in the Elderly.

### **18. Crisis Centers**

Development of regional crisis centers as a service option has been a major part of the strategy for making emergency mental health services more available at the local level. Since 1999, planning and construction of the centers has proceeded. The first new crisis center, located in Corinth, continues to operate at partial capacity. Construction of a second center in Newton, which is not yet operational due to budget constraints, is nearing completion. The five remaining centers are at various stages of development.

### **21. Education/IDEA Transition**

**Goal 1:** Efforts to implement IDEA, etc. are continuing and new efforts include the required portfolio of every special education student graduating from Mississippi schools. The portfolio includes specific information on student interests and abilities to be used in the transition to adult life in the community, living and work environments.

**Goal 2:** Efforts to work with MS Congressional delegates to pursue full federal funding of IDEA are continuing.

**Goal 4:** Efforts to collaborate with families of school age children continue and new efforts will be noted as the new grant awarded to the Department of Rehabilitation Services is implemented.

### **22. Home and Vehicle Modifications**

**Goal 1:** These services are included in the myriad of vocational rehabilitation services available to clients of OVR and OVRB. There is not a separate funding source for them. The Office of Special Disability Services also provides these services through its basic Independent Living grant, TBI/SCI Trust Fund and TBI/SCI Waiver. In 2002, MDRS provided vehicle modifications to 46 individuals at a cost of \$452,367. The Department also provided home modifications to 75 individuals at a cost of \$451,409. It is believed that funds available will allow DRS to serve the additional 31 individuals as projected for a total of 106.

### **24. Services to Vulnerable Adults**

The Department of Human Services continues to increase public awareness about issues of elder abuse, neglect and exploitation including causes, profiles of victims and perpetrators, warning signs, reporting and strategies for prevention through work with other organizations.

### **25. Department of Rehabilitation Services**

**Goal 1:** There are currently 52 people being served on the State Attendant Care Program. With the funding received, it is estimated that 4 additional people can be added in order to meet the 56 projected to be served in 2003.

**Goal 2:** Funding was received to serve the projected goal of 1372 individuals with general disabilities in the Independent Living Program for Fiscal Year 2003. In Fiscal Year 2002, 1838 people were served.

Funding was received to serve the projected goal of 150 individuals with visual impairments in Independent Living Services for Fiscal Year 2003. In Fiscal Year 2002, 756 people were served.