

**MISSISSIPPI DEPARTMENT OF MENTAL HEALTH
STATE PLAN DRAFT FOR
ALZHEIMER'S DISEASE AND OTHER DEMENTIA**

2009

Presented to the State Board of Mental Health

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Prepared by

**Ms. Kathy Van Cleave, LMSW, LCMHT, Director
Division of Alzheimer's Disease and Other Dementia**

Approved by

**Edwin C. LeGrand III
Executive Director**



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Purpose of the Plan

The purpose of the State Plan for the Division of Alzheimer's Disease & Other Dementia is: 1) to describe the system of services provided for individuals with dementia and their caregivers; 2) to identify gaps in development of the service system; and, 3) to set forth long-term goals and annual objectives to address those needs. The document serves as a communication tool to assist the public in understanding efforts currently employed and planned by the Department of Mental Health to deal with problems associated with Alzheimer's disease and other types of dementia, including care needs, education and training regarding care, and support services for caregivers. The plan also provides a basis for the utilization of federal, state and other available resources for planning, development and implementation of these programs, thereby promoting maximization of resources and accountability. The time period for implementation of objectives in the plan is January 1, 2008 through December 31, 2008. Since the State Plan is considered a working document, it is subject to continuous review and revision. The public is encouraged to review this plan and submit comments to:

MS Department of Mental Health
Division of Alzheimer's Disease & Other Dementia
Attn: Ms. Kathy Van Cleave
1101 Robert E. Lee Building
239 North Lamar Street
Jackson, MS 32901
Phone (601) 359-1288 TDD: (601) 359-6230
FAX: (601) 359-9570

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, substance abuse problems, and/or mental retardation/developmental disabilities. This array of services includes prevention, treatment, support and training services offered in hospitals or institutional settings, as well as a system of community-based services and 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 areas of day care 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 most appropriate type and 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 formal standards and continually improve the availability, accessibility and quality of services provided through this public system.

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-based 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 hospital or institutional services when individual needs can be met in less intensive/restrictive levels of care. However, for individuals who need services of this nature and intensity, the Department provides accessible hospital and institutional services as part of the comprehensive statewide service network. Therefore, efforts to maintain and improve the quality of services at the facilities operated by the Department are ongoing.

Underlying these efforts in community, hospital and institutional 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, the Department of Mental Health develops and implements an annual State Plan as a working document to: 1) assist the Department in remaining focused on its obligated goals and objectives pertaining to its commitment of efficiently administering its human and fiscal resources; 2) accomplish them in a logically sequential manner that will most effectively and efficiently bring its philosophy and mission to fruition; and, 3) maintain the awareness of existing needs and advocate for resources to meet these needs.

Overview of the State Mental Health System

The State Public Mental Health Service System

The public mental health system in Mississippi is administered by the Mississippi Department of Mental Health, which was created in 1974 by an act of the Mississippi Legislature, Regular Session. The statute placed into one agency mental health, alcohol/drug abuse, and mental retardation programs, which had previously been under the direction of the State Board of Health, the Interagency Commission on Mental Illness and Mental Retardation, the Board of Trustees of Mental Institutions, and the Governor's Office. The creation, organization, and duties of the Mississippi Department of Mental Health are defined in the annotated Mississippi Code of 1972 under Sections 41-4-1 through 41-4-23. The network of services comprising the public mental health service system includes three major service delivery components: regional community mental health/mental retardation centers, state-operated facilities, and other nonprofit service agencies/organizations.

Organizational Structure of the Mississippi Department of Mental Health

The Department of Mental Health provides leadership in coordinating mental health services within the broader system through both structural and functional mechanisms. The Mississippi Department of Mental Health (DMH) 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. By statute, the Board is composed of a physician, a psychiatrist, a clinical psychologist, a social worker with experience in the field of mental health, and citizen representatives from each of Mississippi's five congressional districts (as existed in 1974). Members' seven-year terms are staggered to ensure continuity of quality care and professional oversight of services.

Within the Department, the Executive Director directs all administrative functions and implements policies established by the State Board of Mental Health. The Office of Constituency Services, the Director of Disaster Preparedness and Response and the Director of Public Information report directly to the Executive Director.

The Department of Mental Health has seven major bureaus: the Bureau of Administration, the Bureau of Mental Health (oversees six DMH-operated facilities and seven state crisis centers), the Bureau of Community Mental Health Services (includes community mental health for adults and children, and Alzheimer's Disease/other dementia services), the Bureau of Alcohol and Drug Abuse, the Bureau of Intellectual and Developmental Disabilities (formerly the Bureau of Mental Retardation), the Bureau of Interdisciplinary Programs, and the Bureau of Workforce Planning and Development. The Department has a small state Central Office staff, which currently includes 95 employees (for all administrative, monitoring and service areas).

The Bureau of Community Mental Health Services has the primary responsibility for the development and implementation of community-based services to meet the needs of adults with serious mental illness and children with serious emotional disturbance, as well as to assist with the care and treatment of persons with Alzheimer's disease/other dementia. The Bureau of Community Mental Health Services provides a variety of services through the following divisions.

The Division of Accreditation and Licensure for Mental Health is responsible for coordination and development of minimum standards for community programs that receive funds through the authority of the Department of Mental Health, as well as the coordination of review, monitoring, and certification processes to ensure that all community programs meet those minimum standards. The Division works with staff of other service divisions in the Central Office to implement this ongoing program monitoring process.

The Division of Mental Health Community Services has the primary responsibility for the development and maintenance of community-based mental health services for adults. As mentioned previously, these services are currently provided through the 15 regional community mental health centers and the community services divisions of the two comprehensive state psychiatric hospitals. The priority population addressed by the Division is adults with serious mental illness. An array of treatment and support services are 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 treatment and support needed by individuals with serious mental illness, which may vary across time.

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 direct, supervise, and coordinate the implementation of Department-funded children and youth mental health programs operated by community service providers in the state. The division develops and supervises evaluation procedures for these programs to ensure their quality and oversees the enforcement of certain governmental program regulations, including DMH 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. Additionally, the Division develops and conducts training in the areas determined to require new or ongoing training/staff development.

The Division of Alzheimer's Disease and Other Dementia was created in 1998, after the Mississippi Legislature gave the Mississippi Department of Mental Health the responsibility of developing a plan of action for the implementation of support services and programming for individuals with Alzheimer's disease and

other forms of dementia, their caregivers and family members. The Division is responsible for developing and implementing state plans for the purpose of assisting with the care and treatment of person with Alzheimer's disease and other dementia. The Division oversees the development of adult day programs for these individuals, two of which are currently funded and certified by the Department of Mental Health. The Central MS Regional Center operates *Footprints Adult Day Services* in Newton, and Life Help, Region 6 Community Mental Health Center, operates *Garden Park Adult Day Center* in Greenwood.

Activities and services of the Division include public awareness and education programs, training programs for family caregivers, direct care workers and other professional service providers, information and referral, adult day center programs, and annual education conferences. In addition, the Division of Alzheimer's Disease and Other Dementia works in collaboration with other state and nonprofit agencies on a variety of programs and projects such as adult day programs, in-home respite, education and training programs, development of outreach materials, and community caregiver support services. The Division has satellite offices in Cleveland, Magee, and Long Beach.

The Division of Community Mental Health Services for Adults, the Division of Children and Youth Services, and the Division of Alzheimer's Disease and Other Dementia work with the Division of Accreditation and Licensure, the Bureau of Interdisciplinary Programs and the Bureau of Administration to develop and monitor implementation of Department of Mental Health minimum standards and guidelines for community mental health services.

The Bureau of Alcohol and Drug Abuse is responsible for the administration of state and federal funds utilized in the prevention, treatment and rehabilitation of persons with alcohol and/or drug abuse problems, including state Three-Percent Alcohol Tax funds for the Department of Mental Health. The overall goal of the state's substance abuse service system is to provide a continuum of community-based, accessible services, including prevention, outpatient, detoxification, community-based primary and transitional residential treatment, inpatient and aftercare services. Community-based alcohol/drug abuse services are provided through the regional community mental health centers, state agencies, and other nonprofit programs.

The Bureau of Mental Health oversees the state psychiatric facilities, which include public inpatient services for individuals with mental illness and/or alcohol/drug abuse services and the state crisis centers, as well as the Central Mississippi Residential Center and the Specialized Treatment Facility, a new specialized treatment facility for youth with emotional disturbances whose behavior requires specialized treatment.

The Bureau of Administration works in concert with the Bureau of Mental Health and Bureau of Community Mental Health Services to administer and support development and administration of mental health services in the state. The Bureau of Administration provides seven major services, including accounting, auditing, policy and planning, professional development, professional licensure and certification and information/data management.

The **Division of Policy and Planning** (which provides administrative support to the Planning Council and to Bureau of Mental Health staff in developing the State Plan), the **Division of Information Systems** (which provides support to the Bureau of Mental Health and its service provider network in data management), and the **Division of Professional Licensure and Certification** (which develops and implements licensure and certification programs for mental health) are all part of the Bureau of Administration.

The Bureau of Intellectual and Developmental Disabilities (formerly the Bureau of Mental Retardation) is responsible for planning, development and supervision of an array of services for individuals in the state with intellectual and developmental disabilities. This public service delivery system is comprised of five state-operated comprehensive regional centers for individuals with intellectual and developmental disabilities, one juvenile rehabilitation center for youth with intellectual and developmental disabilities whose behavior requires specialized treatment, regional community mental health/mental retardation centers, and other nonprofit community agencies/organizations that provide community services. More detailed descriptions of the services/functions of the Bureau of Intellectual and Developmental Disabilities are available through other reports/documents of the DMH.

The Bureau of Interdisciplinary Programs coordinates the collection of information from DMH facilities, other divisions, other state agencies or the federal government and coordinates the development of reports to the State Board of Mental Health. The Bureau Director of Interdisciplinary Programs also serves as the liaison to the Board and Executive Director for all programmatic Bureaus to assure that all information is presented in a consolidated manner. The Bureau also is responsible for coordinating the various divisions of the Central Office in revising the Minimum Standards for Mental Health Services as needed and for ensuring that programs are monitored consistently.

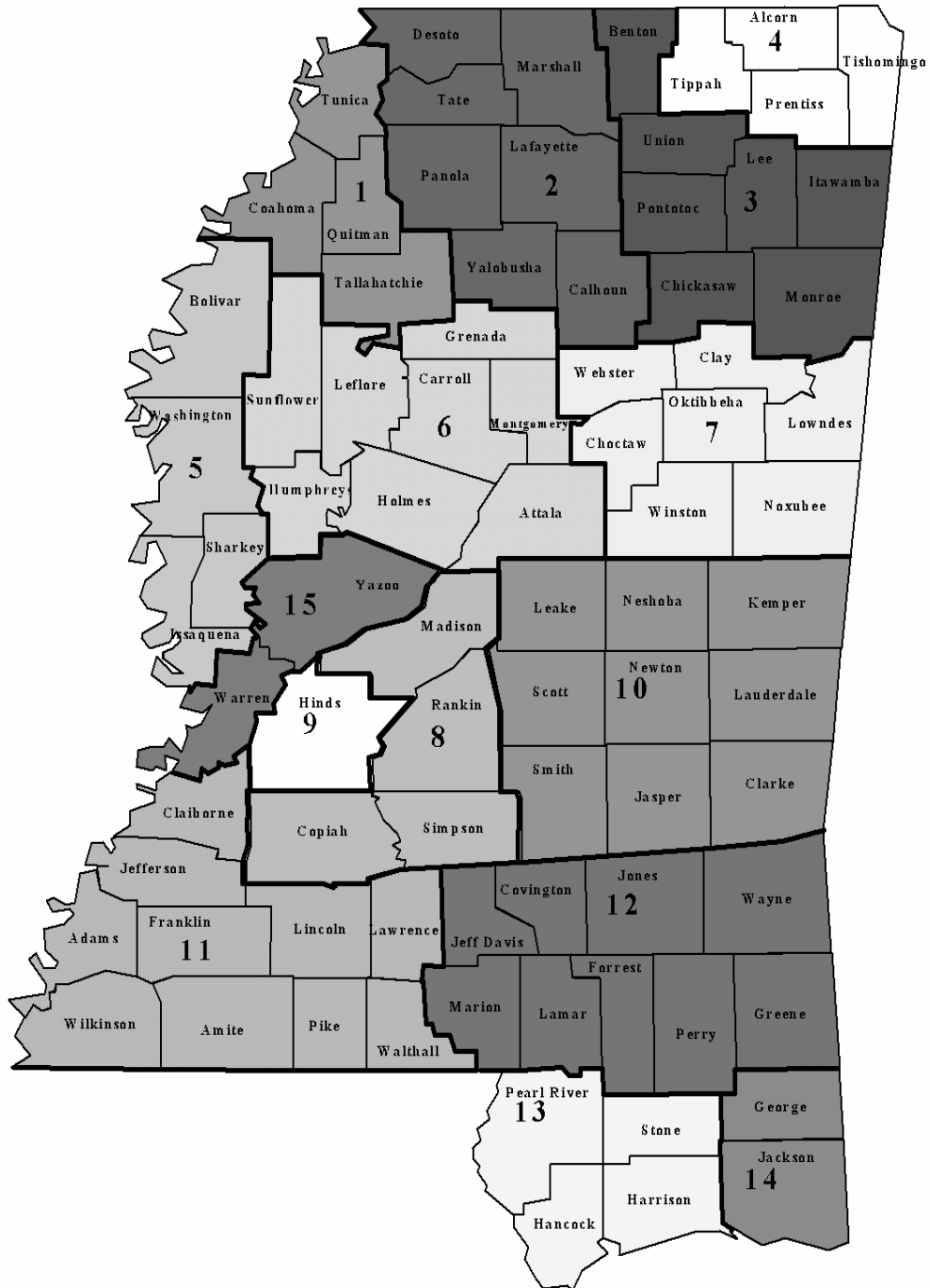
The Bureau of Workforce Planning and Development assures the smooth flow of communication between the human resource, staff training and staff certification functions and provides a formal way to develop strategic plans for staffing needs for the future. The Bureau advises the Executive Director and State Board of Mental Health on human resource and training needs of the agency, assists in educating the Legislature as to budget needs, oversees the development and implementation of a formal succession planning program and serves as liaison for DMH facilities to the State Personnel Board.

Regional/Sub-State Programs, CMHCs/Resources of Cities/Counties

As mentioned previously, the network of services comprising the public mental health service system in Mississippi includes three major service delivery components: regional community mental health/mental retardation centers, state-operated facilities, and other nonprofit service agencies/organizations.

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 services, as well as substance abuse and intellectual and developmental disabilities services to all 82 counties in Mississippi. (See maps and list of community mental health centers on the next pages.) The Regional Commission Act, passed in 1966 and amended in 1972, 1974, 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 Mississippi Department of Mental Health is responsible for certifying, monitoring, and assisting the regional community mental health centers. These regional community mental health centers are the primary service providers with whom the Department of Mental Health contracts to provide community-based services. 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.

Community Mental Health/Mental Retardation Center Service Areas



**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 Michele Carroll, Psych. D., 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 Robert Smith, 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., Executive Director 303 N. Madison St. P. O. Box 839 Corinth, MS 38835-0839 (662) 286-9883</p>
<p>Region 5: Bolivar, Issaquena, Sharkey, Washington</p>	<p>Delta Community Mental Health Services 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>

<p>Region 8: Copiah, Madison, Rankin, Simpson</p>	<p>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.)</p>
<p>Region 9: Hinds</p>	<p>Hinds Behavioral Health Margaret L. Harris, Director P.O. Box 5369 Jackson, MS 39236 (601) 321-2400</p>
<p>Region 10: Clarke, Jasper, Kemper, Lauderdale, Leake, Neshoba, Newton, Scott, Smith</p>	<p>Weems Community Mental Health Center Maurice Kahlmus, Executive Director 1415 College Road P. O. Box 4378 Meridian, MS 39304 (601) 483-4821</p>
<p>Region 11: Adams, Amite, Claiborne, Franklin, Jefferson, Lawrence, Lincoln, Pike, Walthall, Wilkinson</p>	<p>Southwest MS Mental Health Complex Steve Ellis, Ph.D., Director 1701 White Street P. O. Box 768 McComb, MS 39649-0768 (601) 684-2173</p>
<p>Region 12: Covington, Forrest, Greene, Jeff Davis, Jones, Lamar, Marion, Perry, Wayne</p>	<p>Pine Belt Mental Healthcare Resources Jerry Mayo, Executive Director 103 South 19th Avenue P. O. Box 1030 Hattiesburg, MS 39403 (601) 544-4641</p>
<p>Region 13: Hancock, Harrison, Pearl River, Stone</p>	<p>Gulf Coast Mental Health Center Jeffrey L. Bennett, Executive Director 1600 Broad Avenue Gulfport, MS 39501-3603 (228) 863-1132</p>
<p>Region 14: George, Jackson</p>	<p>Singing River Services Sherman Blackwell, II, Executive Director 3407 Shamrock Court Gautier, MS 39553 (228) 497-0690</p>
<p>Region 15: Warren, Yazoo</p>	<p>Warren-Yazoo Mental Health Services Steve Roark, Executive Director 3444 Wisconsin Avenue P. O. Box 820691 Vicksburg, MS 39182 (601) 638-0031</p>

State-operated facilities include two comprehensive state psychiatric facilities, two small (50-bed) acute psychiatric facilities for adults, a specialized treatment program for adults with long-term, serious mental illness (CMRC), six crisis centers and five regional centers for persons with intellectual and developmental disabilities. Additionally, the Department operates one specialized treatment facility for youth with mental retardation whose behavior makes it necessary for them to receive specialized treatment and a similar facility for youth with emotional disturbances. These facilities serve designated counties or service areas in the state and provide inpatient psychiatric, chemical dependence, forensic, and limited medical/surgical hospital services, some community mental health services in areas near the state psychiatric hospitals, intermediate care facility services for persons with intellectual and developmental disabilities, and a range of community services for persons with intellectual and developmental disabilities.

Other nonprofit service agencies/organizations, which make up the smallest part of the service system, may also receive funding through the Department of Mental Health to provide community-based services. Many of these nonprofit corporations may also receive additional funding from other sources, such as grants from other state services agencies, community service agencies, donations, etc. Programs currently provided through these nonprofit agencies include programs for children with emotional disturbances, community-based alcohol/drug abuse services, and community services for persons with intellectual and developmental disabilities. The Alzheimer's Association Mississippi Chapter and the Alzheimer's Foundation of the South, Mississippi Division provide many local support services for caregivers and persons with Alzheimer's disease and other types of dementia.

Population Served by the System

According to 2003 U.S. Census figures, Mississippi has a population of 2,881,283, with 48.5% males and 51.5% females. The state has a significant minority population. Mississippi's citizens are identified as 61.2% Caucasian, 36.9% African-American, and 1.8% other racial backgrounds. Over half (63.1%) of the population live in what are classified as rural areas (Census Bureau, 2003).

There are 349,407 (Census Bureau, 2003) residents age 65 or older (12.1% of the total population), compared to 54,000 in 1990 (see Figure 1). Of this 65+ age group, there are 140,290 (40.2%) males and 209,117 (59.8%) females. There are 259,716 Caucasians, 86,119 African-Americans, and 3,572 residents of other racial backgrounds. Rural areas are where 52% of Mississippi's citizens age 65 and older reside (Mississippi Division of Aging and Adult Services, 2005).

Mississippi Residents Age 65 or Older

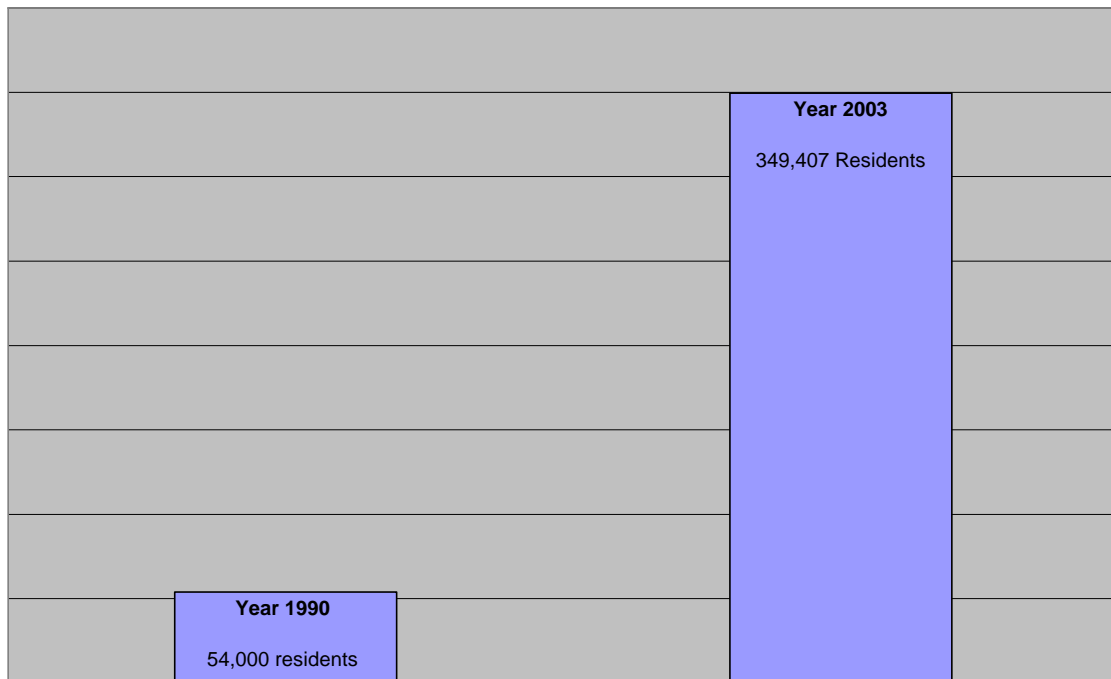


Fig. 1

Estimates indicate that the numbers of people 65 and older will more than double between 2000 and 2030 to 70.3 million or 20 percent of the U.S. population; likewise, those 85 and older will rise two-fold, to 8.9 million, according to the U.S. Census Bureau (2003).

These statistics become alarming when the needs of those elderly citizens that are vulnerable are considered. As stated above, just over half of aging Mississippians live in rural areas where healthcare may not be readily accessible. Because of inadequate access to healthcare in many areas, it is likely that the number of individuals living in Mississippi with some type of dementia is undetected.

Currently Alzheimer's disease is the most common form of dementia among people aged 65 and older. Alzheimer's disease currently strikes an estimated 5.1 million Americans (Alzheimer's Association, 2007). An estimated 51,000 Mississippians are affected by the Alzheimer's disease (see Figure 2). It is projected that the number of Americans with Alzheimer's disease could more than triple to 16 million Americans by mid-century. In addition to the victims of this illness, it is estimated that one to four family members act as caregivers for each individual with Alzheimer's disease (Alzheimer's Association, 2004).

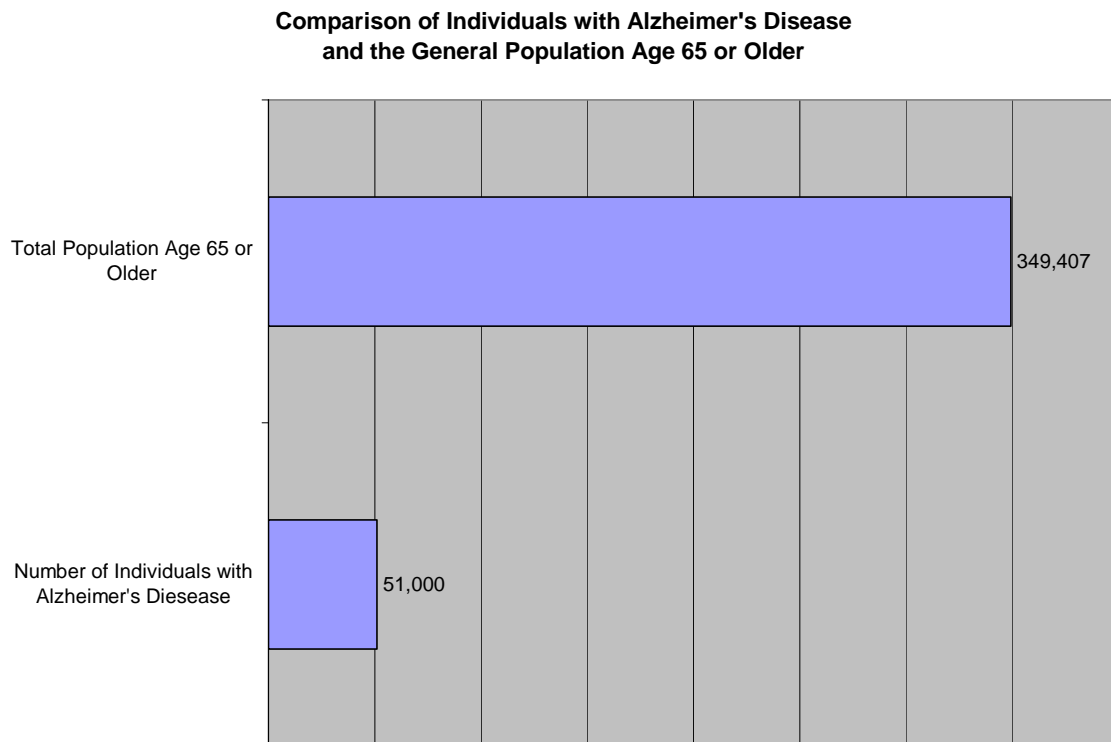
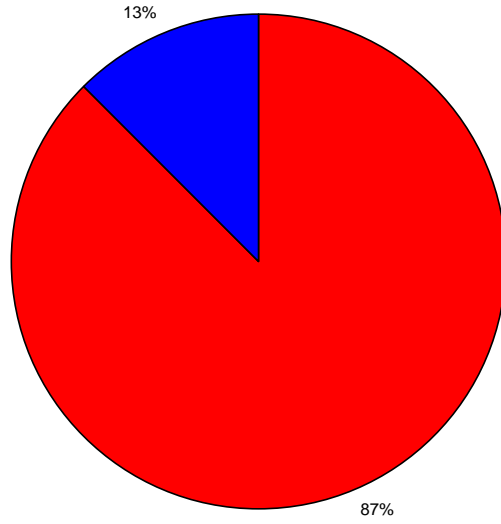


Fig. 2

Although Alzheimer's disease is not a normal part of aging, the risk of developing the illness rises with age. Current research from the National Institute on Aging indicates that the prevalence of Alzheimer's disease doubles every five years beyond age 65, and nearly half of those over 85 have symptoms of the disease (see Figures 3 and 4). As our population ages, the disease impacts a greater percentage of Americans.

Fig. 3

Chance of Having Alzheimer's Disease at age 65
1 in 8



Chance of Having Alzheimer's Disease At Age 85
1 in 2

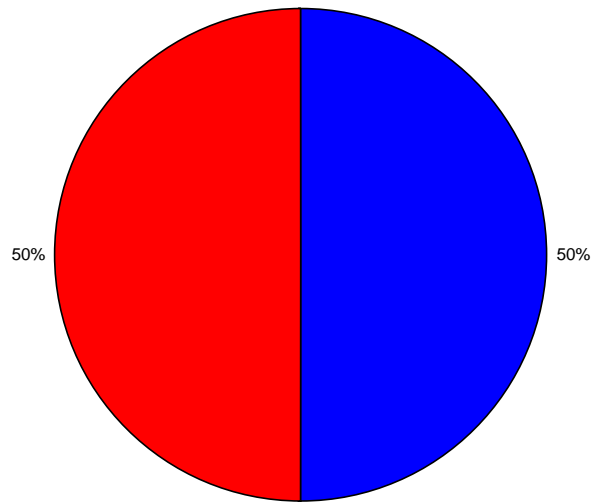


Fig. 4

Dementia is the loss of intellectual function due to the death of brain cells (D.E.T.A., 1999). There are two general types of dementia: reversible and irreversible. Some types of reversible dementias include dementia associated with metabolic disorders, infections, intoxication, normal pressure hydrocephalus, major depression, head injuries, medication interactions and brain tumors. Persons experiencing functional loss due to reversible dementia may regain some or all function with successful treatment. Examples of irreversible dementias include Alzheimer's disease, Diffuse Lewy Body disease, vascular dementia, Pick's disease, Huntington's disease, Parkinson's disease, Wernicke-Korsokoff syndrome and AIDS-related dementia. Although irreversible dementias have no known cures, the symptoms of all types of dementia are treatable to some degree.

While the symptoms of dementia vary, most generally include loss of function in the areas of memory, communication, reasoning skills, judgment, self-care and recognition. Persons with dementia may experience co-morbid conditions including depression, physical injuries, infections, pneumonia, chronic skin ulcers, and malnutrition. Individuals with dementia are at unusually high risk for falls and fractures.

Providing care to someone with dementia is an increasingly normative life experience. Alzheimer's disease, the most common cause of dementia, is the third most expensive disease in the country. At an estimated cost of \$37,000 per person per year (Alzheimer's Foundation of America, 2005), the financial burden of dementia in Mississippi is about \$2,368,000,000 per year.

Caregivers of persons with Alzheimer's disease and other dementia have a higher rate of depression and stress than non-caregivers. Many caregivers neglect themselves until their own health problems are exacerbated. Support for caregivers and implementation of dementia care guidelines help to delay or prevent loss of function and progression to higher, more costly levels of care. (Michigan Dementia Coalition, 2003) Elements of support for caregivers include awareness of community services, respite from caregiving, and education. Key elements of effective dementia care include identification of individuals at risk, early recognition of symptoms, thorough training and certification of healthcare workers, and information and referral to specialists and community resources.

“Persons with dementia are among the most vulnerable segments of our society. Human decency requires that, as a state, we serve them well and do all within our means to secure for them the best quality of life possible, despite the limitations of dementia” (Michigan Dementia Coalition, 2003, p.5). Mississippi has shown the same sentiment with the creation of the Division of Alzheimer's Disease and Other Dementia in 1998. In addition to the ethical obligation we have as citizens, the cost savings to our healthcare system and to other state resources in the long term will be substantial.

Service System for Persons with Alzheimer's Disease/Other Dementia

Persons with Alzheimer's disease and other dementia have access to services and supports available to eligible individuals provided through several social service and/or healthcare entities. Typically these services and supports are designed for broader populations of elderly and disabled people in need of assistance.

The Mississippi Department of Human Service's Division of Aging and Adult Services provides a variety of services for older adults through local Area Agencies on Aging. These services include homemaker services, home delivered meals, case management, transportation, adult day care, respite care, legal assistance, elder abuse prevention, visitation/telephone reassurance, ombudsman, senior employment, outreach, senior center activities, congregate meals, emergency response, arts and crafts, insurance counseling and information and referral services. The Aging and Disabled Resource Center, or ADRC, is a service piloted through the Central Mississippi Planning and Development District. Jointly funded through the Centers for Medicare and Medicaid Services and the Administration on Aging, the ADRC seeks to empower individual to make informed choices about long term care services and support. The ADRC is available online at mississippigethelp.org. (Mississippi Division of Aging & Adult Services, 2006)

Individuals who qualify for the Elderly and Disabled Medicaid Home and Community-Based Waiver program are able to receive homemaker services, which include personal care services; home health aide, home delivered meals, escorted transportation, in-home respite, extended home health visits and case management.

Home health services are an option that can be used when skilled care is required but an out of home placement is not necessary. Chronic care services, such as personal care, generally are not provided, unless medically necessary, by home health agencies. Medicare, insurance or private payment is required by most home health agencies.

Hospice provides palliative care for anyone at the end of a terminal illness, regardless of the diagnosis or age of the individual. While no life-saving treatments are used, hospices provide for chronic care needs as well as comfort care. Hospices provide their services in a variety of settings, from an individual's home to a nursing home facility. Medicare will pay for hospice, and people with late stage Alzheimer's disease can usually benefit from hospice.

Services and supports designed specifically to address the needs of persons with Alzheimer's disease/other dementia and their caregivers are available in Mississippi. Local non-profit agencies serve people with Alzheimer's disease and other dementia and their caregivers with valuable information, advocacy, caregiver support and linkages to services. The Alzheimer's Association Mississippi Chapter and the Alzheimer's Foundation of the South, Mississippi Division strive to meet the needs of caregivers and the individuals with Alzheimer's disease or other dementia. These agencies collaborate frequently with the Division of Alzheimer's Disease and Other Dementia on educational

projects, memory screening events, respite programs, resource development, and other caregiver support projects.

Informal networks of families and other caregivers provide the bulk of the care and services for individuals with dementia. In-home care is usually provided for long periods of time regardless of the individual's severe memory impairment and behavioral dysfunctions. Often the spouses or other caregivers, who endure their loved one's cognitive loss and assume heavy burdens of care over a prolonged period of time, become the less visible victims of dementia. Individuals with dementia may require constant vigilance by their caregivers because of their unpredictable behavior. As time progresses, the caregivers may begin to experience stress-related illnesses and may become more susceptible to problems of advancing age.

As the individual's illness worsens, the caregiver may require help from formal health services or a facility that offers long term residential services. Alternative services provide a continuum from independent living without outside support to assisted living in the home supported by a community day service (Mississippi Department of Health, 2005).

In a survey of needs conducted during the Division's first year, 1998, service providers reported that the services accessed most by people with Alzheimer's disease or other dementia, or their caregivers, were of a medical nature.

In addition, most of the referrals these service providers made were to nursing homes, physicians and mental health services. Many of the survey respondents were long term care facilities. With the exception of other nursing facilities, respondents indicated that the majority of the referrals made were to services in the community rather than to long term care providers. Evidence from the service provider survey helped to shape the initial design of the Division. An effort was made to survey caregivers; however, the Division was unable to identify an adequate survey sample.

Division Description

The Division of Alzheimer's Disease and Other Dementia was created in 1998, after the Mississippi Legislature gave the Mississippi Department of Mental Health the responsibility of developing a plan of action for the implementation of support services and programming for individuals with Alzheimer's disease and other forms of dementia, their caregivers and family members.

Activities and services of the Division include public awareness and education programs, training programs for family caregivers, direct care workers and other professional service providers, information and referral, adult day service programs, and annual education conferences. In addition, the Division works in collaboration with other state and nonprofit agencies on a variety of programs and projects such as adult day programs, in-home respite, education and training programs, development of outreach materials, and community caregiver support services. These agencies include the Alzheimer's Association Mississippi Chapter; the Alzheimer's Foundation of the South, Mississippi Division; the Mississippi Department of Human Services, Division of Aging and Adult Services; the Area Agencies on Aging; Mississippi Adult Day Services Association and the Mississippi Caregiver Coalition.

Presently the Division employs Master's level trainers and operates three field offices outside of the Department of Mental Health's central office. Field offices are located in Cleveland, Magee and Long Beach. Through field offices the Division provides statewide education and training and makes resource materials available to the public at no cost.

The Division funds and certifies two adult day centers: Garden Park Adult Day Center in Greenwood, and Footprints Adult Day Services in Newton. Adult Day Centers provide a structured environment for individuals with Alzheimer's disease and related dementia. In addition, respite, counseling, education and training are provided for family members and/or other caregivers of individuals with Alzheimer's disease or other dementia. Figure 5 illustrates the location of services provided by the Division.

Current Alzheimer's Disease Services

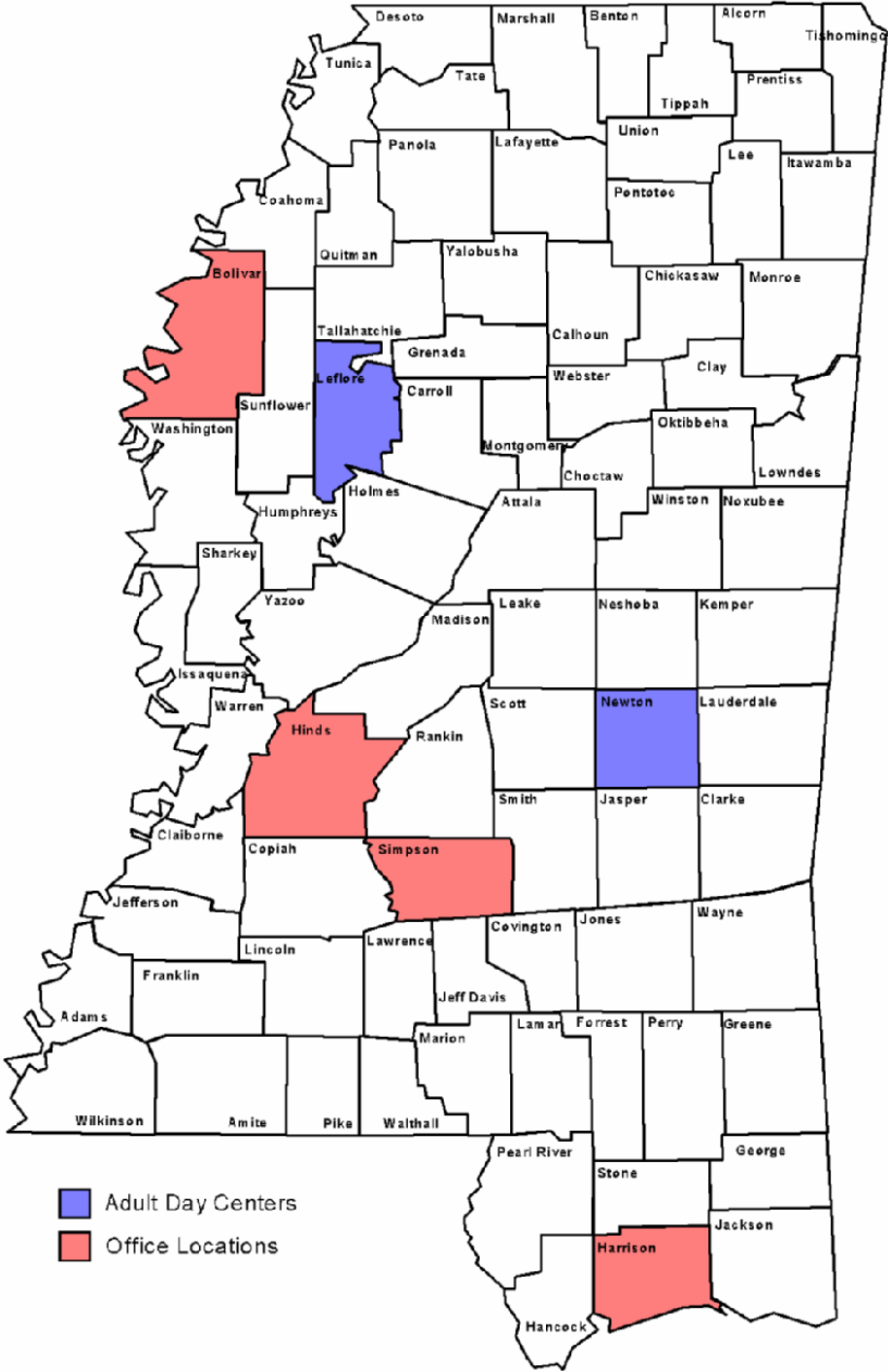


Fig. 5

Ideal System Model

The Division of Alzheimer's Disease and Other Dementia is dedicated to the improvement of the quality of life for Mississippians affected by Alzheimer's disease and other dementia. Recognizing that dementia affects not only the individual with a diagnosis but also those who care for them, the Division strives to increase support for family members, improve competency of health care professionals, foster public awareness, and facilitate best practices of dementia care as illustrated in Figure 6.

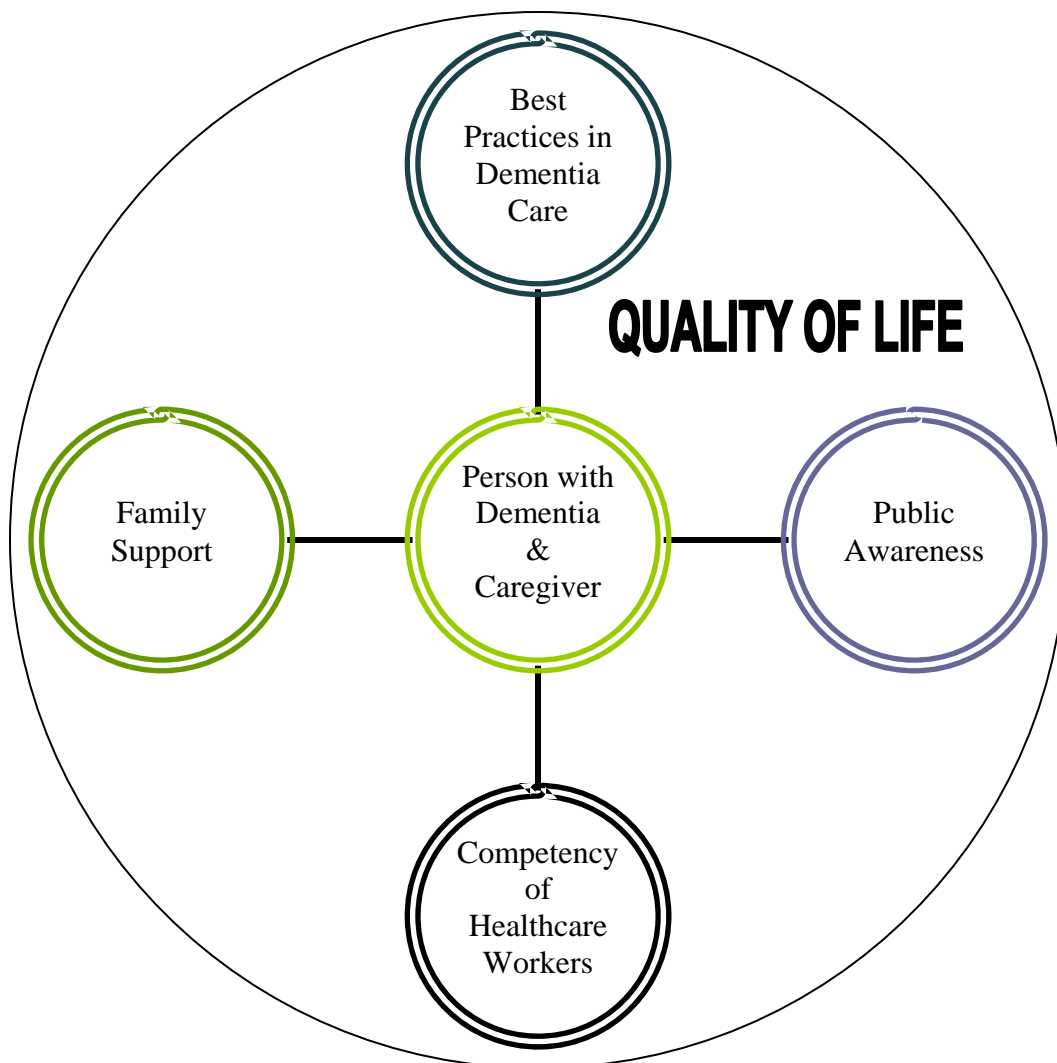


Fig. 6

Resources

Sources of funding for Alzheimer's services are provided by both state and federal resources.

Federal Resources:

No additional federal resources have been secured at this time.

State Sources:

Healthcare Expendable Trust Fund:

The Department of Mental Health funds two Adult Day Centers that provide services to persons with Alzheimer's disease or other forms of dementia. Funding for program operation is provided through the Healthcare Expendable Trust Fund.

The Division of Alzheimer's Disease and Other Dementia receives annual funding through the Healthcare Expendable Trust Fund to host an educational conference. Additional funds are distributed on an individual basis to support Alzheimer's Services. *Living With Alzheimer's: An Alzheimer's Resource Guide* is published through these funds.

State General Funds:

State General Funds are utilized to provide services through the Division's staff. Salaries, travel expenses, and educational materials are supported by the State General Fund.

The Division will seek additional funding as opportunities arise.

**DIVISION OF ALZHEIMER’S DISEASE AND OTHER DEMENTIA
GOALS AND OBJECTIVES
2008**

FAMILY SUPPORT

Goal:	To support family members who provide care for persons with dementia at home
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Objective 1: To maintain existing day programs for individuals with Alzheimer’s disease or other types of dementia

Strategy: The Division of Alzheimer’s Disease & Other Dementia staff will work with DMH Adult Day Center Programs and Alzheimer Respite and Resource Centers to support existing programs through consultation, updating resource materials, etc. The Division will work with community agencies, volunteers and grant programs to develop and support day programs in individual communities. Initial focus will be placed on meeting needs in rural communities, where access to services is limited.

Indicator: Average daily attendance of DMH Adult Day Center Programs and Alzheimer’s Respite/Resource Centers, utilization of program services, resource materials and support group attendance

Funding: Healthcare expendable trust fund

Objective 2: To promote and assist in the development of caregiver support groups

Strategy: Staff of the Division of Alzheimer’s Disease & Other Dementia will assist local sponsoring agencies such as the Alzheimer’s Association MS Chapter, Alzheimer’s Foundation of the South, MS Division, faith based organizations, and healthcare centers by providing educational materials, speaking at group meetings as requested, and collaborating with local agencies on projects related to support groups as requested.

Indicator: Number of contacts with support groups and/or host agencies

Funding: State general fund

Objective 3: To provide information regarding resources available for care of individuals with Alzheimer's disease or other dementia in the form of a resource guide

Strategy: The Division will work in conjunction with the Alzheimer's Association Mississippi Chapter to revise *Living With Alzheimer's: An Alzheimer's Resource Guide*. The next edition of the guide will be printed and distributed freely throughout the state of Mississippi. Special efforts will be made to target family caregivers and direct care workers for distribution of the guides.

Indicator: Number of guides distributed to specific groups such as caregivers, healthcare professionals, and the general public

Funding: State general funds, Healthcare Expendable Trust Fund

Objective 4: To provide information and referral regarding care and services for persons with Alzheimer's disease or related dementia

Strategy: The Division will work with the Office of Constituency Services to continually update IRIS™ to include Alzheimer's disease and dementia specific information regarding services statewide. The Division will collaborate with the Mississippi Department of Human Service's Division of Aging and Adult Services' *Aging and Disabled Resource Center* or *Mississippi Get Help* to update related information as well. The Division will track calls and requests for information made to field offices.

Indicator: Number of calls requesting information or services related to Alzheimer's disease/dementia received by Office of Constituency Services, number of inquires of information or services related to Alzheimer's disease/dementia received by the Aging and Disabled Resource Center, number of calls requesting information or services related to Alzheimer's disease/dementia received by the Division field offices

Funding: State general funds

DEMENTIA COMPETENCY

Goal: To increase the competency of health care professionals treating individuals with dementia

Objective 1: To offer customized training for healthcare professionals

Strategy: The Division staff will tailor training curricula by topical information, experience level of healthcare professionals receiving training, needs of the healthcare professionals and time available for training to be completed. Continuing education may be offered when possible upon request with adequate planning time. The Division's staff members are Master's level trainers and maintain their qualifications, while increasing their expertise in the subject area.

Indicator: Number of trainings provided to healthcare professionals, evaluation ratings of trainings completed, number of healthcare professionals trained, types of training completed

Funding: State general funds

Objective 2: To develop and distribute educational materials including a training manual for health care professionals

Strategy: The staff of the Division will compile training material appropriate for the general curriculum for health care professionals. This will include resource material for which the Division has been granted copyright privileges to, purchased or for which reprint permission has been received.

Indicators: Number of educational materials distributed, number of training manuals distributed

Funding: State general funds, Healthcare Expendable Trust Fund

Objective 3: To host an annual statewide education conference on Alzheimer’s disease and dementia, providing information on current research, best practices and pertinent issues related to care for individuals suffering from dementia and those who care for them

Strategy: Establish a committee to assist with conference planning including representatives from the Division’s Planning Council, the Division of Professional Licensure, and other stakeholders. The Division and the conference planning committee will assess previous conference evaluations to identify topics of interest as expressed by participants.

Indicators: Conference attendance, ratings from individual sessions and overall conference evaluations

Funding: Healthcare expendable trust fund

Objective 4: To provide incentives for direct care workers to remain in the career field of dementia care and provide quality care

Strategy: The Division will offer scholarships to direct workers to educational events such as the annual education conference, various workshops, and events. The Division will recognize achievements of direct care workers in the field of dementia care across the state of Mississippi.

Indicators: Number of scholarships given to direct care workers

Funding: Healthcare expendable trust fund

PUBLIC AWARENESS

Goal:	To encourage early intervention by increasing public awareness of the caregiver role and the early warning signs of dementia
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Objective 1: To make outreach materials available throughout the state of Mississippi

Strategy: Distribute resource materials statewide to respite centers, health fairs, senior events, social service organizations, hospices, etc. Materials will be made available for use at field offices and public libraries. Include links to available resources on the Division's web page.

Indicator: Number of individuals receiving materials, number of calls to Office of Constituency Services, Aging and Disabled Resource Center and Division field offices, resource materials in 75% of public libraries by end of fiscal year

Funding: State general funds

Objective 2: To be active in community events that target older adults and caregivers

Strategy: Participate in health fairs, seminars, senior center events, and other venues statewide through exhibits, memory screenings, speaking engagements, and distribution of resource materials. Collaborate with the Healthy Mississippi campaign's Health Ministries program to provide education in disenfranchised areas of the state

Indicators: Number of events attended in each region of the state

Funding: State general funds

Objective 3: To raise public awareness of the importance of understanding normal memory loss versus dementia related memory problems

Strategy: Publicize National Memory Screening Day, make free screenings available at venues such as health fairs and public events when appropriate and distribute resource materials.

Indicators: Number of memory screening events held, number of screenings conducted

Funding: State general funds

Objective 4: To identify individuals at risk for memory related vulnerability

Strategy: Publicize National Memory Screening Day and make free screenings available at venues such as health fairs and public events when appropriate.

Indicators: Number of memory screening events held, number of screenings conducted

Funding: State general funds

BEST PRACTICES

Goal:	To facilitate best practices of dementia care by supporting model programs and services
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Objective 1: To highlight existing programs that serve as effective models during training events

Strategy: Showcase model programs at annual conference, recruit staff and volunteers from model programs to speak at events, highlight examples from model programs when applicable in trainings conducted by Division staff. Compile best practices utilized in model programs into publication for distribution at annual conference.

Indicators: Number of programs featured at annual conference, number of best practices publications distributed

Funding: State general fund

Objective 2: To include caregivers in planning and feedback in the development of new program models and events

Strategy: Invite caregivers to participate on planning committees, evaluate projects, and provide feedback as needed. Include caregiver representation on the Division's Planning Council, speaker panels for seminar and conference events when appropriate.

Indicator: Caregiver participation in Planning Council and other groups and events

Funding: State general fund

Objective 3: To develop and utilize statewide network of stakeholders for sharing information and ideas to promote best practices in dementia care

Strategy: Develop and maintain a newsletter available through mail-out and the internet, sponsor an annual conference, and develop/participate in regional networking groups

Indicator: Numbers of participants at annual conference, number of individuals on mailing list, amount of staff participation in regional networking groups

Funding: State general fund

References

- Alzheimer's Association (2007), *Alzheimer's Disease Facts and Figures 2007*. Retrieved November 5, 2007 from http://www.alz.org/national/documents/report_alzfactsfigures2007.pdf
- Alzheimer's Association (2004). *Growth of Alzheimer's Disease through 2025*. [Fact Sheet]. Chicago, IL: Author.
- Alzheimer's Foundation of America (2005). *Facts about Alzheimer's disease*. New York, NY: Author.
- Dementia Education and Training Act (1999). *Workforce competency in dementia management*. Tuscaloosa, AL: Bureau of Geriatric Psychiatry, Alabama Department of Mental Health and Mental Retardation.
- Michigan Dementia Coalition (2003). *Michigan Dementia Plan: Reducing the burden of dementia in Michigan*. Lansing, MI: Michigan Department of Community Health.
- Mississippi Department of Health (2005). *State Plan for Fiscal Year 2006* [Sect. B, Long Term Care] Jackson, MS: Author.
- Mississippi Division of Aging and Adult Services (2006). *Profile of older Mississippians*. Jackson, MS: Division of Aging and Adult Services, Mississippi Department of Human Services.
- National Institute on Aging (2005). *New Discoveries, New Insights: 2004-2005 Progress Report on Alzheimer's Disease* (DHHS Publication No. 05-5724), Washington, DC: National Institutes of Health.
- U.S. Census Bureau (2003). *Mississippi demographic profile highlights* [Data File] Washington, D.C.: Author.