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

FY 2011

Presented to the State Board of Mental Health

June 17, 2010

Prepared by

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Executive Director

Division of
ALZHEIMER'S
DISEASE
& Other Dementia

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PURPOSE

The purpose of the State Plan for The Division of Alzheimer's Disease and Other Dementia is:

1. to describe the comprehensive, community-based service delivery system for individuals with dementia and their caregivers upon which program planning and development are based;

2. to set forth annual goals/objectives to address identified needs;

3. to assist the public in understanding efforts employed and planned by the Department of Mental Health to provide supports to Mississippi's citizens with Alzheimer's disease and other types of dementia;

4. to serve as a basis for utilization of federal, state and other available resources; and

5. to provide, through the establishment of an Alzheimer's Planning Council, an avenue for individuals, family members, and service providers to work together in identifying and planning an array of services and supports through the annual update of this Plan.

The State Plan's implementation time period is July 1, 2010 through June 30, 2011. Since the Plan is considered a working document, it is subject to continuous review and revision. The public is encouraged to review the Plan and submit comments to:

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Division of Alzheimer's Disease & Other Dementia
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Comments regarding the FY 2011 State Plan will be considered in development of the FY 2012 State Plan.

Alzheimer's Planning Council Members

Neil Marsh, PhD.
Chairperson

Cyndi Bassie, MS
Secretary

Sherman F. Blackwell II, Ed.D.
Community member, South MS

Matt Campbell, PhD.
Community member, North MS

Lee Corlew, LPC
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Family caregiver

Patty Dunn
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Jackie Edwards
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Vickey Maddox, RN
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(Vacancy)
MS Department of Health and Human Services
Division of Aging and Adult Services

DMH Mission

Supporting a better tomorrow by making a difference in the lives of Mississippians with mental illness, substance abuse problems and intellectual/developmental disabilities, one person at a time.

Vision

We envision a better tomorrow where the lives of Mississippians are enriched through a public mental health system that promotes excellence in the provision of services and supports.

A better tomorrow exists when…

- All Mississippians have equal access to quality mental health care, services and supports in their communities.
- People actively participate in designing services.
- The stigma surrounding mental illness, intellectual/developmental disabilities, substance abuse and dementia has disappeared.
- Research, outcomes measures, and technology are routinely utilized to enhance prevention, care, services, and supports.
- Partnerships improve and support holistic service delivery in the community.

Core Values & Guiding Principles

People We believe people are the focus of the public mental health system. We respect the dignity of each person and value their participation in the design, choice and provision of services to meet their unique needs.

Community We believe that community-based service and support options should be available and easily accessible in the communities where people live. We believe that services and support options should be designed to meet the particular needs of the person.

Commitment We believe in the people we serve, our vision and mission, our workforce, and the community-at-large. We are committed to assisting people in improving their mental health, quality of life, and their acceptance and participation in the community.

Excellence We believe services and supports must be provided in an ethical manner, meet established outcome measures, and are based on clinical research and best practices. We also emphasize the continued education and development of our workforce to provide the best care possible.

Accountability We believe it is our responsibility to be good stewards in the efficient and effective use of all human, fiscal, and material resources. We are dedicated to the continuous evaluation and improvement of the public mental health system.

Collaboration We believe that services and supports are the shared responsibility of state and local governments, communities, family members, and service providers. Through open communication, we continuously build relationships and partnerships with the people and families we serve, communities, governmental/nongovernmental entities and other service providers to meet the needs of people and their families.

Integrity We believe the public mental health system should act in an ethical, trustworthy, and transparent manner on a daily basis. We are responsible for providing services based on principles in legislation, safeguards, and professional codes of conduct.

Awareness We believe awareness, education, and other prevention and early intervention strategies will minimize the behavioral health needs of Mississippians. We also encourage community education and awareness to promote an understanding and acceptance of people with behavioral health needs.

Innovation We believe it is important to embrace new ideas and change in order to improve the public mental health system. We seek dynamic and innovative ways to provide evidence-based services/supports and strive to find creative solutions to inspire hope and help people obtain their goals.

Respect We believe in respecting the culture and values of the people and families we serve. We emphasize and promote diversity in our ideas, our workforce, and the services/supports provided through the public mental health system.

PHILOSOPHY

The Department of Mental Health is committed to developing and maintaining a comprehensive, statewide system of prevention, service, and support options for adults and children with mental illness or emotional disturbance, alcohol/drug problems, and/or intellectual or developmental disabilities, as well as adults with Alzheimer's disease and other dementia. The Department supports the philosophy of making available a comprehensive system of services and supports so that individuals and their families have access to the least restrictive and appropriate level of services and supports that will meet their needs. Our system is person-centered and is built on the strengths of individuals and their families while meeting their needs for special services. DMH strives to provide a network of services and supports for persons in need and the opportunity to access appropriate services according to their individual needs/strengths. DMH is committed to preventing or reducing the unnecessary use of inpatient or institutional services when individuals' needs can be met with less intensive or least restrictive levels of care as close to their homes and communities as possible. Underlying these efforts is the belief that all components of the system should be person-centered, community-based, and outcomes and recovery-oriented.

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 (DMH), which was created in 1974 by an act of the Mississippi Legislature, Regular Session. The creation, organization, and duties of the DMH are defined in the annotated Mississippi Code of 1972 under Sections 41-4-1 through 41-4-23.

Organizational Structure of the Mississippi Department of Mental Health

The structure of the DMH is composed of three interrelated components: the Board of Mental Health, the DMH Central Office, and DMH-operated Facilities and Community Services Programs.

Board 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.

DMH Central Office – The Executive Director directs all administrative functions and implements policies established by the State Board of Mental Health. DMH has a state Central Office for administrative, monitoring, and service areas. The Division of Legal Services, the Office of Constituency Services, the Director of Disaster Preparedness and Response and the Director of Public Information report directly to the Executive Director.

DMH has seven bureaus: the Bureau of Administration, the Bureau of Mental Health, the Bureau of Community Mental Health Services, the Bureau of Alcohol and Drug Abuse, the Bureau of Intellectual and Developmental Disabilities, the Bureau of Interdisciplinary Programs, and the Bureau of Workforce Development and Training.

The Bureau of Administration works in concert with all Bureaus to administer and support development and administration of mental health services in the state. The Bureau of Administration includes the following divisions: Division of Accounting, Division of Audit and Grants Management, and the Division of Information Systems.

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: Division of Accreditation and Licensure, Division of Mental Health Community Services, Division of Children and Youth Services, Division of Alzheimer's Disease and Other Dementia, Division of Planning, and the Division of Consumer and Family Affairs.

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 substance abuse problems, including state Three-Percent Alcohol Tax funds for DMH. 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. The Bureau includes two divisions, the Division of Prevention Services and the Division of Treatment Services.

The Bureau of Mental Health oversees the six state psychiatric facilities, which include public inpatient services for individuals with mental illness and/or alcohol/drug abuse services as well as the Central Mississippi Residential Center.

The Bureau of Intellectual and Developmental Disabilities 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 centers, and other nonprofit community agencies/organizations that provide community services. The Bureau of IDD includes two divisions, the Division of Home and Community-Based (HCBS) ID/DD Waiver and the Division of Early Intervention Services.

The Bureau of Interdisciplinary Programs works with all other DMH programmatic bureaus, DMH facilities, and DMH-certified programs. The Bureau of Interdisciplinary Programs facilitates and coordinates the collection of information to develop reports, formulate policies, and rules and regulations as necessary for the Board of Mental Health and Executive Director; develops strategies for project management and organization; and, completes special projects for the Board of Mental Health and DMH. The Bureau Director of Interdisciplinary Programs serves as the liaison to the Board of Mental Health, and provides administrative leadership in the planning, directing, and coordinating of the *Board of Mental Health and DMH Strategic Plan*.

The Bureau of Workforce Development and Training advises the Executive Director and State Board of Mental Health on the human resource and training needs of the agency, assists in educating the Legislature as to budget needs, oversees the leadership development program, and serves as liaison for DMH facilities to the State Personnel Board. This Bureau includes two divisions, the Division of Professional Development and the Division of Professional Licensure and Certification.

Functions of the Mississippi Department of Mental Health

State Level Administration of Community-Based Mental Health Services: The major responsibilities of the state are to plan and develop community mental health services, to set minimum standards for the operation of those services it funds, and to monitor compliance with those minimum standards. Provision of community mental health services is accomplished by contracting to support community services provided by regional commissions and/or by other community public or private nonprofit agencies.

State Certification and Program Monitoring: Through an ongoing certification and review process, DMH ensures implementation of services that meet established minimum standards.

State Role in Funding Community-Based Services: DMH's funding authority was established by the Mississippi Legislature in the Mississippi Code, 1972, Annotated, Section 41-45. Except for a 3% state tax set-aside for alcohol services, DMH is a general state tax fund agency.

Agencies or organizations submit to DMH for review proposals to address needs in their local communities. The decision-making process for selection of proposals to be funded is based on the applicant's fulfillment of the requirements set forth in the RFP, funds available for existing programs, funds available for new programs, and funding priorities set by state and/or federal funding sources or regulations and the State Board of Mental Health.

Service Delivery System

The mental health service delivery system is comprised of three major components: state-operated facilities and community services programs, regional community mental health centers, and other non-profit/profit service agencies/organizations.

***State-operated facilities*:** DMH administers and operates six state psychiatric facilities, five regional centers for people with IDD, and a juvenile rehabilitation facility. These facilities serve specified populations in designated counties/service areas of the State.

The psychiatric facilities provide inpatient services for people (adults and children) with SMI. These facilities include Mississippi State Hospital, North Mississippi State Hospital, South Mississippi State Hospital, East Mississippi State Hospital, Specialized Treatment Facility, and Central Mississippi Residential Center. Nursing facility services are also located on the grounds of Mississippi State Hospital and East Mississippi State Hospital.

The Regional Centers provide on-campus residential services for persons with intellectual and developmental disabilities. These facilities include Boswell Regional Center, Ellisville State School, Hudspeth Regional Center, North Mississippi Regional Center, and South Mississippi Regional Center.

The Mississippi Adolescent Center (MAC) in Brookhaven is a residential facility dedicated to providing adolescents with intellectual and developmental disabilities an individualized array of rehabilitation service options. MAC serves youth who have a diagnosis of intellectual and developmental disabilities and whose behavior makes it necessary for them to reside in a structured therapeutic environment. The Specialized Treatment Facility in Gulfport is a Psychiatric Residential Treatment Facility for adolescents with mental illness and a secondary need of substance abuse prevention/treatment.

State-operated Community Service Programs: All of the psychiatric facilities and regional centers provide community services in all or part of their designated service areas. Community services include: residential, employment, in-home, and other supports to enable people to live in their community.

***Regional Community Mental Health Centers (CMHCs)*:** The CMHCs operate under the supervision of regional commissions appointed by county boards of supervisors comprising their respective service areas. The 15 CMHCs make available a range of community-based mental health, substance abuse, and in some regions, intellectual/developmental disabilities services. CMHC governing authorities are considered regional and not state-level entities. DMH is responsible for certifying, monitoring, and assisting the CMHCs. The CMHCs are the primary service providers with whom DMH contracts to provide community-based mental health and substance abuse services.

Other Nonprofit/Profit Service Agencies/Organizations: These agencies and organizations make up a smaller part of the service system. They are certified by DMH and may also receive funding to provide community-based services. Many of these nonprofit agencies may also receive additional funding from other sources. Services currently provided through these nonprofit agencies include community-based alcohol/drug abuse services, community services for persons with intellectual/ developmental disabilities, and community services for children with mental illness or emotional problems.

Available Services and Supports

Both facility and community-based services and supports are available through the DMH service system. The type of services provided depends on the location and provider.

Facility Services

The types of services offered through the regional psychiatric facilities vary according to location but include:

Acute Psychiatric Care
Intermediate Psychiatric Care
Continued Treatment Services
Adolescent Services
Nursing Home Services
Medical/Surgical Hospital Services
Forensic Services
Alcohol and Drug Services
Community Service Programs

The types of services offered through the facilities for individuals with intellectual/ developmental disabilities vary according to location but statewide include:

ICF/MR Residential Services
Psychological Services
Social Services
Medical/Nursing Services
Special Education
Recreation
Speech/Occupational/Physical Therapies
Vocational Training
Diagnostic and Evaluation Services
Employment Services
Community Services Programs

Community Services

A variety of community services and supports are available. Services are provided to adults with mental illness, children and youth with serious emotional disturbance, children and adults with intellectual/developmental disabilities, people with substance abuse problems, and persons with Alzheimer's disease or other dementia.

Services for Adults with Mental Illness

Crisis Stabilization Programs
Psychosocial Rehabilitation
Consultation and Education
Crisis/Emergency Mental Health Services
Inpatient Referral Services
Pre-Evaluation Screening/Civil Commitment Exams
Outpatient Therapy
Case Management Services
Halfway House Services
Group Home Services
Acute Partial Hospitalization
Elderly Psychosocial Rehabilitation
Intensive Residential Treatment
Day Support
Mental Illness Management
Individual Therapeutic Support
Individual/Family Education and Support
Supervised Housing
Physician/Psychiatric Services
SMI Homeless Services
Drop-In Centers

Services for Children and Youth with Serious Emotional Disturbance

Therapeutic Group Homes
Therapeutic Foster Care
Prevention/Early Intervention
Crisis/Emergency Mental Health Services
Mobile Crisis Response Services
Intensive Crisis Intervention Services
Case Management Services
Day Treatment
Outpatient Therapy
Physician/Psychiatric Services
MAP (Making A Plan) Teams
School Based Services
Mental Illness Management Services
Individual Therapeutic Support
Acute Partial Hospitalization
Family Education and Support

Services for People with Alzheimer's Disease and Other Dementia

Adult Day Centers
Caregiver Training

Services for People with Intellectual/Developmental Disabilities

Early Intervention
Community Living Programs
Work Activity Services
Supported Employment Services
Day Support
HCBS Attendant Care
HCBS Behavioral Support/ Intervention
HCBS Community Respite
HCBS In-home Companion Respite
Day Treatment
HCBS In-home Nursing Respite
HCBS ICF/MR Respite
HCBS Day Habilitation
HCBS Prevocational Services
HCBS Support Coordination
HCBS Occupational, Physical, and Speech/Language Therapies

Services for Substance Abuse

Detoxification Services
Primary Residential Services
Transitional Residential
Outreach/Aftercare
Prevention Services
Chemical Dependency Units
Outpatient Services
DUI Diagnostic Assessment

Ideal System Model

The Mississippi Department of Mental Health's Ideal System Model incorporates and reflects commitment to the mission, vision, core values and guiding principles of the agency. Individuals receiving services, each with his or her individual strengths and needs, is the center of the agency's ideal system model. Central to the comprehensive public mental health service system is the belief that individuals are most effectively treated in their community and close to their homes, personal resources, and natural support systems.

The development of the system reflects integration of services to meet individual needs and to facilitate accessibility and continuity of care. In meeting individual needs throughout the system, emphasis is placed on preserving individual dignity and rights including privacy and confidentiality, in the most culturally appropriate manner.

The state's vision for a statewide person-driven, family-centered system of care emphasizes the importance of access and coordination with other service agencies. System-wide support services may include operational services that are provided through a variety of other agencies or entities. Inherent in the Ideal System Model are the characteristics of consistency, accountability, and flexibility, to allow responsiveness to changing needs and service environments.

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 1900 (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).

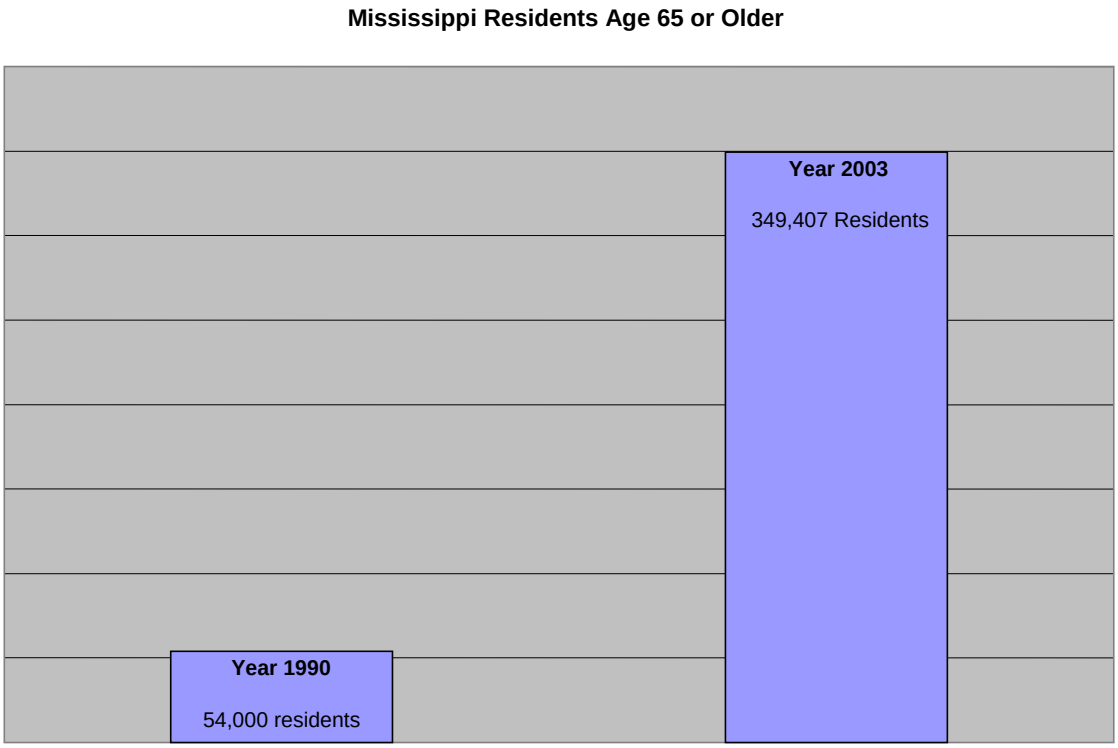


Fig. 1

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 5.3 million Americans (Alzheimer's Association, 2010). An estimated 52,000 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).

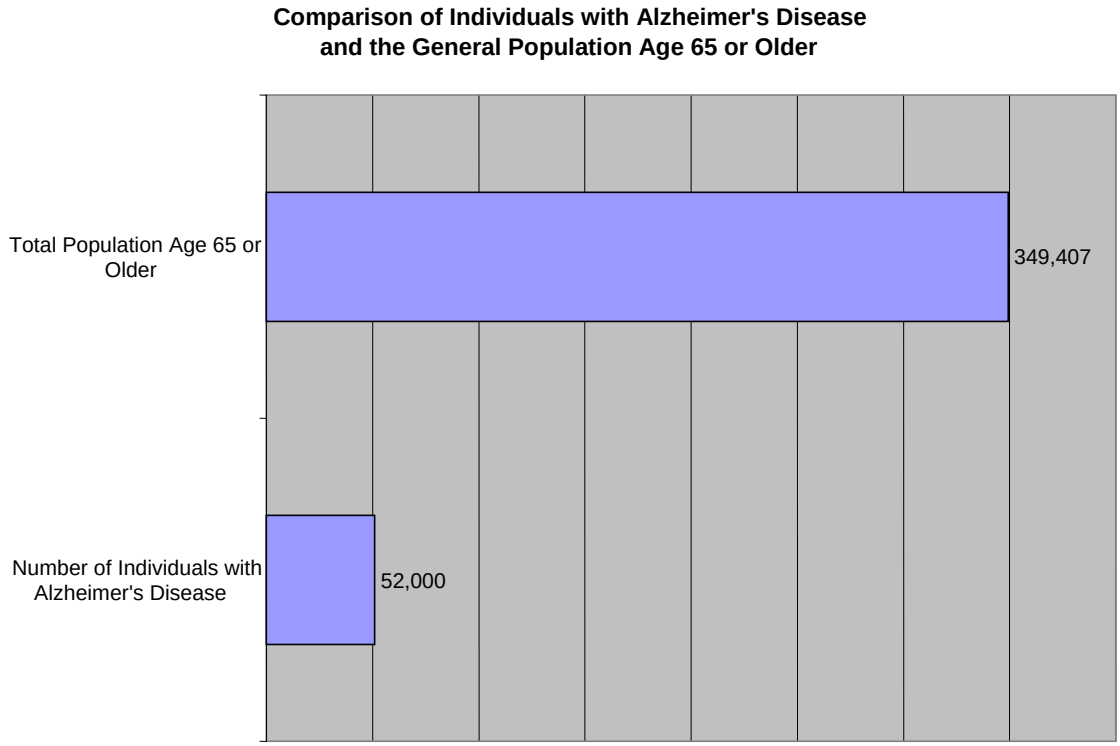
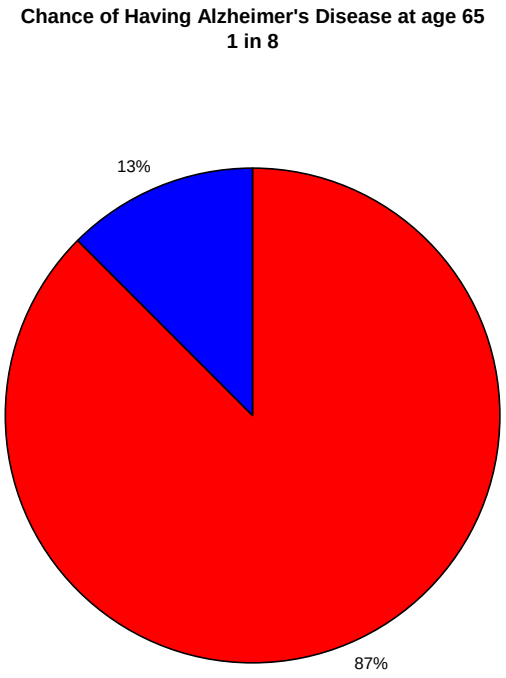


Fig. 2

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
13%
87%

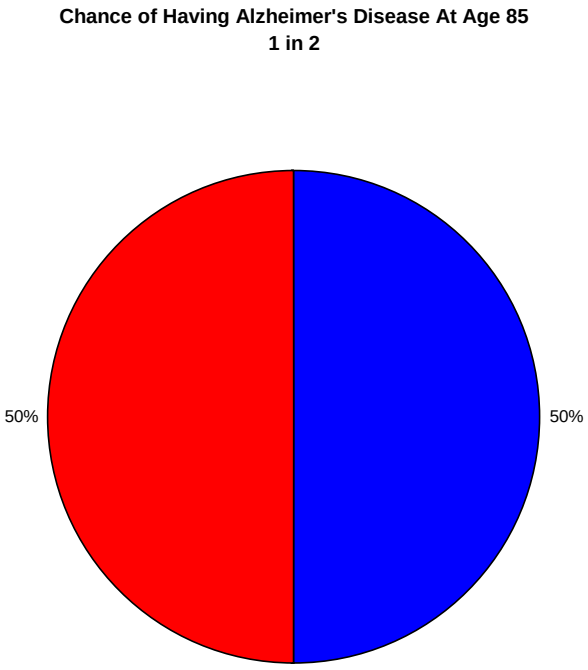

Chance of Having Alzheimer's Disease At Age 85
1 in 2
50%
50%

Fig. 4

Individuals with dementia suffer from the loss of intellectual function due to the death of brain cells (D.E.T.A., 1999). An individual may suffer with one of two general types of dementia: reversible and irreversible. Some types of reversible dementias include dementia associated with metabolic disorders, infections, intoxication, normal pressure hydrocephalous, 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 for someone with dementia is an increasingly normative life experience. In the *2010 Alzheimer's Disease Facts and Figures* report, the Alzheimer's Association calculates that in 2009, there were 148,180 caregivers that provided at total of 168,747,146 hours of unpaid care. The number of caregivers increased by over 14,600 from 2008. The total value of unpaid care provided is estimated at over $1,940,592,184 (Alzheimer's Association, 2010).

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 Disability Resource Center, or ADRC, is a service piloted through the Central Mississippi Planning and Development District and was replicated in 2010 in the Southern 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 strives to meet the needs of caregivers and the individuals with Alzheimer's disease or other dementia. The Alzheimer's Association Mississippi Chapter and the Division of Alzheimer's Disease and Other Dementia collaborate frequently on educational projects, public awareness events, resource development, and other caregiver support projects. Specifically both agencies continue to publish, revise, and distribute *Living With Alzheimer's: A Resource Guide*.

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

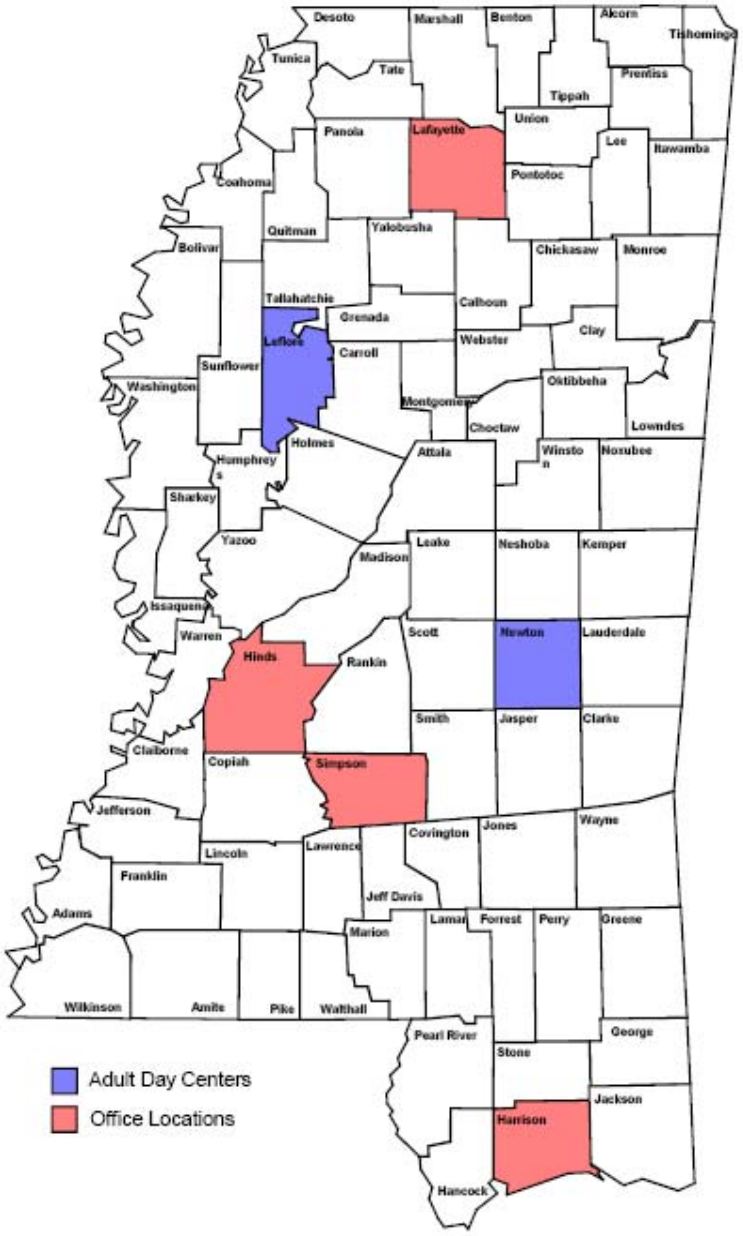
The Division of Alzheimer's Disease and Other Dementia was created in 1998, after the Mississippi Legislature gave the Mississippi Department of Mental Health the responsibility of developing a plan of action for the implementation of support services and programming for individuals with Alzheimer's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

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; 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 Oxford, 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



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: A 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.

Pending Funding Opportunity:

At the final draft of this plan, the Division has applied for the Brodsky Grant through the Alzheimer's Foundation of America. If awarded, this grant will provide funding for the Mississippi Silver Alert Training Initiative included in Public Awareness, Goal B in the Goals and Objectives section of this plan.

The Division will seek additional funding as opportunities arise.

Ideal System Model for Persons with Alzheimer's Disease/Other Dementia

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.

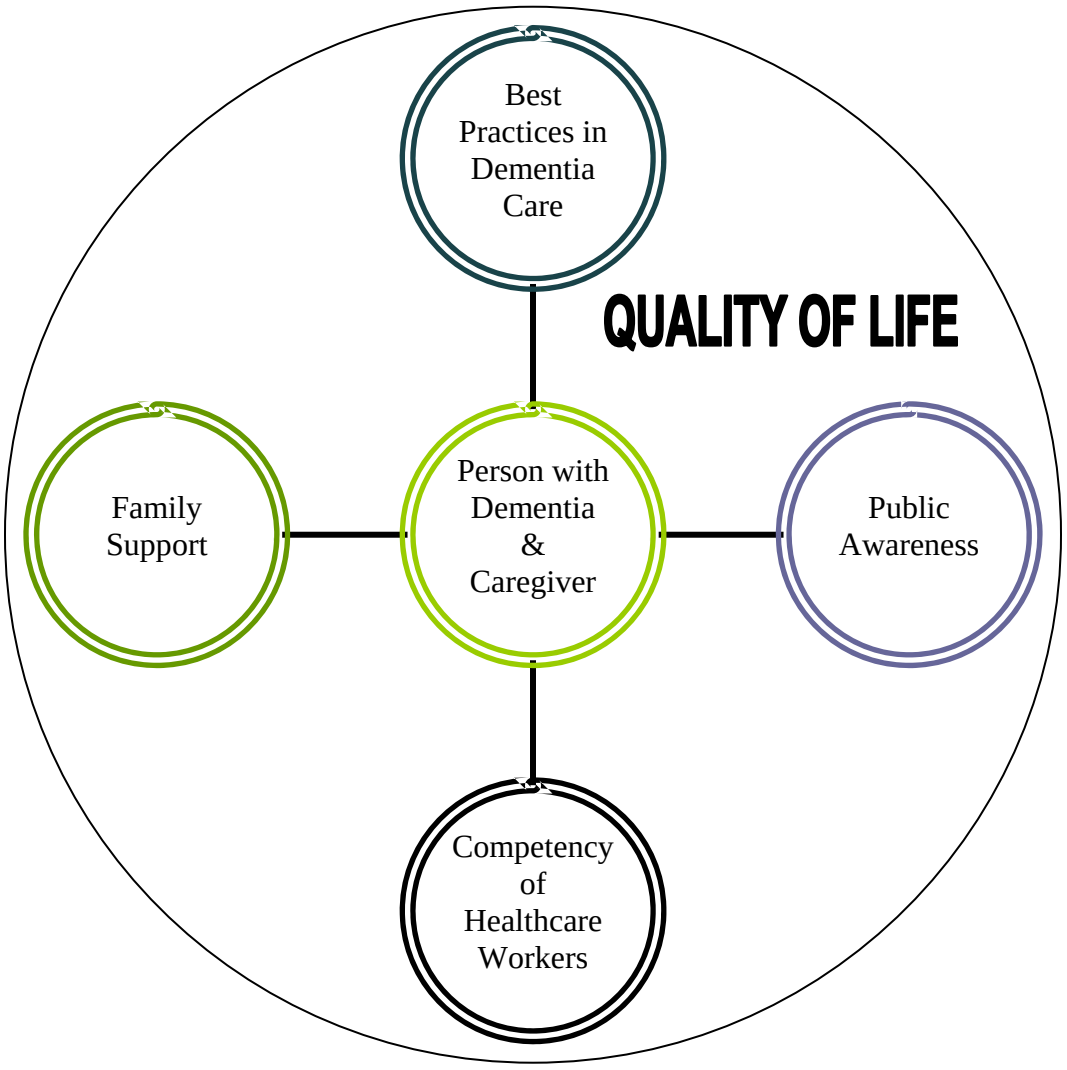


Fig. 6

DIVISION OF ALZHEIMER'S DISEASE AND OTHER DEMENTIA
GOALS AND OBJECTIVES
FY 2011

The Division of Alzheimer's Disease and Other Dementia has established the following Goals and Objectives for FY 2011 with emphasis on meeting the needs and choices of individuals, supporting families, maximizing available resources and supports, and promoting dementia competence.

The time line for all objectives is from **July 1, 2010 to June 30, 2011**.

FAMILY SUPPORT

Goal 1: Support family members who provide care for persons with dementia at home

Objective 1a: Operate existing day programs at a minimum of 85% capacity for FY 2011.

Strategy: Division staff will work with DMH Adult Day Center Programs to review program census monthly, offer consultation to facilities to increase public awareness activities, and offer training events in partnership with Adult Day Center Programs.

Indicator: Average daily attendance of DMH Adult Day Center Programs, utilization of program services, resource materials, number of trainings scheduled with Adult Day Centers.

Funding: Healthcare expendable trust fund

Objective 1b: Demonstrate effective training for caregivers by obtaining a rating of "Satisfied" on completed Caregiver Support Group Satisfaction Surveys no less than 85% of total responses during FY 2011.

Strategy: Division staff will assist local sponsoring agencies such as the Alzheimer's Association MS Chapter, 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. Survey tools will be administered to participants of support group trainings following presentations by Division staff.

Indicator: Tabulation of surveys assessing enhanced knowledge from presentations at caregiver support groups.

Funding: State general fund

Objective 1c: Assess 100% of sections in the *Living With Alzheimer's: A Resource Guide* for effectiveness as a family support tool within the first six months of FY 2011.

Strategy: A workgroup of representatives from Alzheimer's support communities will be established to independently review *Living With Alzheimer's: A Resource Guide*. At least one member of the workgroup should be a family caregiver and at least two members of the workgroup should have no significant prior knowledge of Alzheimer's disease. A survey tool will be developed to assess the effectiveness of the publication as a family support tool, public awareness tool, and a tool to enhance knowledge about dementia.

Indicator: Compilation of reports from the Resource Guide Review Group.

Funding: State general funds, Healthcare Expendable Trust Fund

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Objective 1d: Create one comprehensive list of potential distribution points for *Living With Alzheimer's: A Resource* Guide within the first six months of FY 2011.

Strategy: The Resource Guide Review Group will be asked to identify appropriate distribution points for *Living With Alzheimer's: A Resource Guide*. Family support and public awareness opportunities will be considered priorities when distributing materials. This should be completed by January 2012.

Indicator: List of distribution sites identified by the Resource Guide Review Group.

Funding: State general funds

Objective 1e: Disseminate *Living With Alzheimer's: A Resource Guide* to at least 80% of recommended distribution sites during FY 2011.

Strategy: Division staff will track how and where resource guides are distributed. Information about Resource Guide distribution will be included in staff activity reports to the Alzheimer's Planning Council.

Indicator: Staff activity reports, number of Resource Guides distributed.

Funding: State general funds, Healthcare Expendable Trust Funds

Objective 1f: Maintain a minimum of one active position designated as a family caregiver position on the Alzheimer's Planning Council throughout FY 2011.

Strategy: The Alzheimer's Planning Council membership will be assessed. Division staff will seek to identify interested caregivers to participate on the Alzheimer's Planning Council if a caregiver position becomes available.

Indicator: Alzheimer's Planning Council membership list, Alzheimer's Planning Council meeting minutes.

Funding: State general funds

DEMENTIA COMPETENCE

The Division defines Dementia Competence as having adequate abilities or qualities that enable someone to understand the components of dementia.

Goal 2: Increase dementia competence of health care professional working with individuals with dementia.

Objective 2a: Indicate enhanced dementia competency among participants in standardized trainings no less than 80% of the time as measured by follow-up surveys during FY 2011.

Strategy: 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. A survey tool will be developed to assess the dementia competence of workshop participants. When possible, electronic surveys will be distributed to participants following trainings. Responses from the surveys will be tabulated.

Indicator: Survey reports from workshops, Division staff activity reports.

Funding: State general funds

Objective 2b: Enhance dementia knowledge of participants at the *11th Annual Conference on Alzheimer's Disease and Psychiatric Disorders in the Elderly* as evidenced in at least 75% of conference evaluations.

Strategy: An Overall Conference Evaluation will be created to include a mechanism to assess enhanced knowledge of Conference participants. The evaluation will be distributed to conference attendees.

Indicators: Developed survey tool, report of responses from Overall Conference Evaluation.

Funding: Healthcare expendable trust fund

Objective 2c: Enhance dementia knowledge of participants at the *2nd Annual Mississippi Physician's Conference on Alzheimer's Disease* as evidenced in at least 75% of conference evaluations.

Strategy: An Overall Conference Evaluation will be created to include a mechanism to assess enhanced knowledge of Conference participants. The evaluation will be distributed to conference attendees.

Indicators: Developed survey tool, report of responses from Overall Conference Evaluation.

Funding: Healthcare expendable trust fund

Objective 2d: Provide a minimum of 9 scholarships to the *11th Annual Conference on Alzheimer's Disease and Psychiatric Disorders in the Elderly*.

Strategy: Scholarships are made available for distribution by Division staff. Scholarships waive Conference Registration fees only. Staff are encouraged to offer scholarships to facilities that partner in training opportunities. Scholarships are designed for but not limited to Direct Care Workers. Scholarships are to be distributed at Division staff discretion.

Indicator: Number of Conference scholarships distributed

Funding: Healthcare expendable trust fund

Objective 2e: Include Cultural Competency issues in a least 80% of training opportunities formulated by Division staff during FY 2011.

Strategy: A cultural awareness piece will be included in the *Advanced Topics in Dementia Care* workshop. Division staff will make materials available in foreign languages when requested. At least one session at the *11th Annual Conference on Alzheimer's Disease and Psychiatric Disorders in the Elderly* will include an objective addressing cultural competency issues.

Indicator: Review of *Advanced Topics in Dementia Care* presentation; review of A-2 Learning Objective forms included in the Continuing Education Application for the *11th Annual Conference on Alzheimer's Disease and Psychiatric Disorders in the Elderly.*

Funding: State general fund

PUBLIC AWARENESS

Goal 3: Increase public awareness of issues surrounding dementia.

Objective 3a: Provide customized educational resources to at least 90% of requests throughout FY 2011.

Strategy: Division staff will include resources such as pamphlets, handouts, and resource guides to meet specific needs of the designated audience.

Indicator: Number of materials distributed, type of material distributed, Division staff activity reports.

Funding: State general funds

Objective 3b: Provide a minimum of one specialized activity correlated with each nationally recognized Alzheimer's/Dementia event during FY 2011.

Strategy: Staff will conduct and/or participate in awareness activities that surrounding national recognized events such as, but not limited to: World Alzheimer's Day, National Memory Screening Day, Alzheimer's Awareness Month, and Older American's Month.

Indicators: Public Awareness reports submitted to the Public Relations Director, number of events, number of attendees, Division staff activity reports.

Funding: State general funds

Objective 3c: Review 100% of the Division's webpage content for necessary updates during FY 2011.

Strategy: Division staff will independently review the Alzheimer's page of the Department of Mental Health's website to assess for continuity of information, link accuracy, and content relevance. Staff will work with the Division of Information Systems to add links to Alzheimer's and dementia relevant sites. Staff will communicate with Division of Information Systems to add links, delete links, etc.

Indicators: Webpage content, available links, Division staff training reports.

Funding: State general funds

Goal 4: Increase public awareness of suicide in the elderly.

Objective 4a: Distribute information about suicide prevention in at least 80% of Division of Alzheimer's activities during FY 2011.

Strategy: Suicide prevention materials will be generated that are specific to the needs of the elderly. Materials will be distributed at workshops, health fairs, support groups, and sites deemed appropriate by Division staff.

Indicator: Development of elder specific suicide prevention information, number of venues materials are distributed, number of materials distributed.

Funding: State general funds

Goal 5: Increase public awareness of the Silver Alert system.

Objective 5a: Disseminate information about the Silver Alert system in at least 80% of Division of Alzheimer's activities during FY 2011.

Strategy: Division Staff will work with stakeholders to develop an educational initiative to provide information to family members, law enforcement, and the general public about the Silver Alert notification system. Information about activation procedures as determined by the MS Division of Public Safety, redirection techniques, identification resource options will be included. Information will be incorporated into existing trainings and presentations. Additional printed resources will be developed and disseminated pending funding.

Indicator: Inclusion of Silver Alert system information into Division trainings, staff activity reports, stakeholder meeting minutes.

Funding: State general funds, possible funding through the Alzheimer's Foundation of America Brodsky Grant. Grant awards to be announced in July, 2011.

BEST PRACTICES

Goal 6: Facilitate best practices of dementia care.

Objective 6a: Assess dementia screening policies in 100% of DMH facilities for individuals with intellectual and developmental disabilities (IDD) during FY 2011.

Strategy: A workgroup with representation from regional IDD facilities will be established to review dementia screening policies and procedures currently utilized and will determine the need to implement a universal dementia screening policy in DMH IDD facilities. Facilities will be encouraged to identify current screening procedures in place.

Indicators: Workgroup meeting minutes, summary of practices identified.

Funding: State general fund

Objective 6b: Include information about the correlation of Down's Syndrome and dementia in 50% of Division activities in FY 2011

Strategy: Division staff will include information about Down's Syndrome and dementia in the *Advanced Topics in Dementia Care* workshop and will participate in training opportunities designed for caregivers of individuals with Down's Syndrome.

Indicator: Review of slides from *Advanced Topics in Dementia Care* presentation; Division staff activity reports.

Funding: State general fund

Objective 6c: Participate in 85% activities from *Stakeholder's Activity List* throughout FY 2011.

Strategy: In order to promote best practices in dementia care it is essential that Division staff collaborate with stakeholders statewide for sharing information and ideas. Consequently, staff will provide and participate in opportunities for networking and collaboration with state, corporate, public, non-profit entities at the *11th Annual Conference on Alzheimer's Disease and Psychiatric Disorders in the Elderly*, continue participation in the Mississippi Gerontological Society, and participate in regional networking groups. The Alzheimer's Planning Council maintains positions for representation from the MS Department of Health, and the MS Department of Health and Human Services Division of Aging and Adult Services.

Indicator: Conference registration reports, report from *Stakeholder's Activity List*, Alzheimer's Planning Council minutes, Division staff activity reports.

Funding: State general fund, Healthcare expendable trust fund

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Objective 6d: Create a comprehensive list of effective models that provide respite services for individuals with dementia to be reviewed by the Alzheimer's Planning Council no later than the third quarterly meeting of FY 2011.

Strategy: Staff will research best practices for respite services; review models funded through alternative sources such as federal funding sources and foundational funding sources, and review other states' models for respite services. Progress will be reported to the Alzheimer's Planning Council.

Indicator: Summary of program review, Alzheimer's Planning Council meeting minutes, Division staff activity reports.

Funding: State general fund

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