

**Supporting a Better Tomorrow...Today**



**Division of Children & Youth  
Services Directory**

This is the FY 2012 edition of the State Department of Mental Health, Division of Children and Youth Services' Directory. The Division has responsibility for determining the mental health needs of children and youth in the State and for planning and developing programs to meet those needs. Division personnel seek budgetary resources and direct, supervise, and coordinate the establishment of children and youth programs in the community mental health centers and other community-based programs. Division staff are responsible for coordinating the Department's efforts with other public and private agencies and officials at the local, regional, state, and federal levels.

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Updated June 11, 2012

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## INTRODUCTION

### **Mental Health Services for Children and Youth Development in Mississippi**

Legislation which influenced Mississippi's mental health system development was the Regional Commission Act, passed in 1966, amended in 1972 and 1974, and SB 2100 in 1997. The act provides the structure for community program development by authorizing counties to join together and form multi-county regional commissions on mental health and mental retardation. Regional commissions are authorized to plan and implement mental health and intellectual or developmental disability programs in their respective areas. This structure has formed the foundation for the development of Mississippi community mental health centers. The first community mental health and mental retardation center in Mississippi was funded in January, 1968. There are now 15 comprehensive community mental health centers (CMHCs) meeting federal and state requirements. These centers serve all mental health/mental retardation regions and form a statewide network of services for Mississippi.

Each mental health center is administered by a regional commission whose members represent each county in the regional catchment area and are appointed by each county's board of supervisors. These commissions are responsible for employing the executive directors of the centers and serving as a governing board. The centers are funded by a combination of local, state, and federal dollars. The State Department of Mental Health (DMH) certifies the centers to provide services and monitors the state and federal funds allocated which flow through the DMH to the centers or other service providers. Programs must meet requirements in the Department of Mental Health Operational Standards for Mental Health, Intellectual/Developmental Disabilities, and Substance Abuse Community Service Providers.

With the responsibility for determining the mental health needs of children and youth in the state and for planning and developing programs to meet those needs, Department of Mental Health Division of Children and Youth Services staff seek budgetary resources and direct, supervise, and coordinate the establishment of programs in cooperation with state institutions and with community-based service providers. Some federal and state funds for direct community mental health services for youth are provided by grants between the DMH and the regional CMHCs and/or other public or private non-profit mental health service providers. Additionally, State Match dollars for Medicaid reimbursement for mental health services are allocated annually by the State Legislature to the Department of Mental Health.

### **Accessing the System of Care**

Recognizing the wide array of services needed by children and youth with serious emotional disorders and their families, Division staff seek to put into place a coordinated, cohesive system of care which will be youth-guided and family-driven through activities focusing on local and state infrastructure building, technical assistance to providers and others, and public awareness and education. A wraparound approach to delivery of services is being developed in an effort to make those services needed accessible and

appropriate for each child and family. CMHCs, the State-Level Case Review Team and local Multidisciplinary Assessment and Planning (MAP) Teams, crisis lines, and other child-serving agencies and task forces assist the child/youth and family to access the system of care.

Prior to discharge from the state psychiatric hospitals, a referral is made to the CMHC in the region to which a discharged child/youth is returning and an appointment is made at the CMHC for the child/youth by hospital staff unless permission is denied by the parent/guardian. The state psychiatric facilities maintain information indicating where children/adolescents are referred upon discharge from the hospital and, if they were not referred to a CMHC, the reason why and/or to where they were referred. The three state adolescent inpatient psychiatric providers are Oak Circle at MS State Hospital at Whitfield, the Bradley A. Sanders Adolescent Complex at East MS State Hospital, and the Specialized Treatment Facility. The adolescent unit at East MS State Hospital serves adolescent males requiring inpatient A & D treatment. The Oak Circle Unit at MS State Hospital is the single DMH-operated hospital unit for serving children with SED ages 4-12. The Specialized Treatment Facility is designated as a psychiatric residential treatment facility for both male and female adolescents ages 13-18. All three providers operate schools which have approved status by the State Department of Education as special schools. Prior to discharge, staff work with and recommend to the local school personnel appropriate services to transition the child back into the community and local school.

## **IDENTIFICATION OF CHILDREN AND ADOLESCENTS WITH SERIOUS EMOTIONAL DISORDERS IN MISSISSIPPI**

It is the philosophy of the Division of Children and Youth Services that every child in this State in need of mental health treatment should have access to appropriate community-based mental health services. With this philosophy in mind, the Division has collaborated and coordinated with other agencies to identify the children and adolescents in need of mental health services and to identify seriously emotionally handicapped children and adolescents across the State. Applying Friedman's, et. al. (1986) national estimate of 3% of the population to 2010 state census data, the estimate would be that 26,196 children (under age 18 years) would have had serious emotional or mental disorders. The definition of emotional disturbance varies across agencies; however, the following is the definition used by the DMH:

### **DMH Definition**

Children and adolescents with a serious emotional disturbance are defined as any individual, from birth up to age 21, who meets one of the eligible diagnostic categories as determined by the current Diagnostic and Statistical Manual of Mental Disorders (DSM) and the identified disorder has resulted in functional impairment in basic living skills, instrumental living skills, or social skills. The need for mental health as well as other special needs services and support services is required by these children/youth and families at a more intense rate and for a longer period than children/youth with less severe emotional disorders/disturbance in order for them to meet the definition's criteria.

## **MISSISSIPPI SYSTEM OF CARE (SOC) MODEL FOR MENTAL HEALTH SERVICES FOR CHILDREN AND YOUTH**

The System of Care model holds that all life domains and needs should be considered rather than addressing mental health treatment needs in isolation. With the child and family at the center, Systems of Care are organized around eight overlapping dimensions:

- Mental Health Services
- Social Services
- Educational Services
- Health Services
- Substance Abuse Services
- Vocational Services
- Family Advocates
- Operational Services



## **Description of Mental Health Services**

### Prevention Programs

These programs provide services to vulnerable at-risk groups prior to the development of mental health problems. Children especially vulnerable include children in one-parent families, children of mentally ill parents, children of alcoholic parents, children of teen parents, children in poor families, children of unemployed parents, children with an incarcerated parent, children experiencing severe deprivation, children who have been abused or neglected and children with physical and/or intellectual handicaps.

### Early Intervention Programs

These programs are designed most often to include collaboration among service programs and agencies. The key factor to early intervention is identification of the person, program, agency, or service that serves as the first contact relative to problems or suspected problems with the child or youth. Early intervention is not defined as only those services or programs designated for young children. It includes programs for all ages of children and adolescents and implies intervention is implemented as early or as soon as problems are suspected and/or identified. Early intervention programs also are aimed particularly at the vulnerable at-risk groups of children and adolescents. Many programs would have both prevention and early intervention components targeted at the same at-risk populations.

### Crisis Intervention/Emergency Response

This type of emergency response can range from immediate brief response by appropriate mobile mental health response personnel up to several hours. Triage is typical in this type of immediate response to crisis(es). Emergencies can occur at a variety of locations in the community (e.g., home, school, playground, etc.) and emergency response must have the capability to respond appropriately in a timely and professionally adequate manner.

### Diagnostic and Evaluation Services

These services encompass appropriate formal early diagnostic and evaluation services, i.e., psychiatric and psychological evaluations, and social histories that must be performed to develop the most appropriate service plan for each child. In the process of diagnosing severely emotionally disturbed children, a variety of methods are used ranging from observation to behavior checklists to projective tests to structured interview with families and clients.

The role of assessment in the system for emotionally disturbed children and youth is particularly important due to the complexity of their problems and the failure of their problems to fit into established diagnostic categories. The usefulness of assessment procedures with emotionally disturbed children is dependent upon the general clinical knowledge and skills of the professionals involved as well as the knowledge of the potential value of various services within the system of care.

## Outpatient Services

These services include individual, group, and family therapy and parent education classes, as well as home-based services which may or may not be crisis oriented. This is the least intensive and most typically used intervention in the mental health field. It is provided in such diverse settings as community mental health centers, child guidance clinics, schools, outpatient psychiatry departments of hospitals, local health departments, and other non-profit child service agencies.

Home-Based Services are intensive and include short-term therapy which is provided in the home on a 24-hour basis to families with an entire family orientation rather than a therapeutic orientation of a primary client. These services are aimed at maintaining a child/children in the home and school environments during a crisis situation for the family.

## Therapeutic Support Services

These include staff training, transportation, and volunteer services provided by or through the mental health provider. These differ from system wide support services in that they are identified by the mental health provider as critical to accessing or implementation of mental health services.

## Day Treatment

This treatment is the most intensive of the non-residential services that usually continues over a longer period of time. Children typically remain in day treatment for at least one school year although there are programs designed for briefer lengths of participation. The most common day treatment model is a service that provides an integrated set of intensive therapeutic services with family intervention and support services involving a child/youth for at least two hours a day, twice a week up to five hours a day, five times each week. These programs frequently involve collaboration between mental health and education agencies. The treatment may be provided in a variety of settings, such as regular school settings, special school settings, and in community mental health centers, hospitals, or elsewhere in the community. Other models are available utilizing different formats such as after-school or evening programs.

The specific features of day treatment programs vary from one program to another, but typically include the following:

1. Structured, prescriptive individualized and small group approaches;
2. Counseling which may include individual and group counseling approaches;
3. Family services including family counseling, parent training, brief individual counseling with parents and case management;
4. Vocational training, particularly for adolescents;



5. Crisis intervention not only to assist students in difficult situations but to help them improve their problem-solving skills;
6. Skills-building with an emphasis on interpersonal and problem-solving skills and practical skills of everyday life;
7. Behavior modification with a focus on promoting success through the use of positive reinforcement procedures; and,
8. Recreational therapy, art therapy and music therapy to further aid in the social and emotional development of these children/youth.

### Respite Services

This service is planned temporary care for a period of time ranging from a few hours within a 24-hour period to an overnight or weekend stay up to as much as 90 days depending on program guidelines. Respite may take the form of in-home or out-of-home services with trained respite parents or counselors and is designed to provide a planned break for the parents from the caretaking role with the child. Respite programs may be designed as a community-based residential or non-residential service. Respite may also be provided on an inpatient basis in a local or state hospital.

### Emergency Short-Term Placement

This type of crisis emergency service is the type of intensive and immediate intervention that would be provided at a time of crisis to the child and family. The emergency placement would occur outside the home and could include crisis counseling as well as the capacity for emergency evaluations if they are needed. Services would be closely coordinated with emergency residential services in cases where it is determined that the child or youth is at such risk that 24-hour care and supervision are needed beyond the emergency short-term placement of up to 72 hours.

### Treatment Foster Care

These homes provide residential mental health services to emotionally disturbed children or adolescents in a family setting, utilizing specially trained foster parents. Treatment Foster Care (TFC) services are intensive and supportive services provided to children in the Department of Human Services (DHS) custody or at-risk of having DHS obtain custody with significant medical, developmental, emotional, or behavioral needs, who with additional resources, can remain in a family setting and achieve positive growth and development. Services include specialized training, clinical support, and in-home intervention to treatment foster parents and the child, allowing the child to remain in a family home setting. Payment for TFC services are not inclusive of room and board payment. Treatment foster care essentially involves the following features:

1. Placement of a child with foster parents who have been recruited specifically to work with an emotionally disturbed child;

2. Provision of special training to the foster parents to assist them in working with an emotionally disturbed child;
3. Placement of only one child in each special foster home (with occasional exceptions);
4. A low staff-to-client ratio, thereby allowing clinical staff to work very closely with each child, with the foster parents, and with biological parents if they are available;
5. Creation of a support system among the foster parents; and,
6. Payment of a special stipend to the foster parents for working with the emotionally disturbed child, and for participating in the training activities of the program.

### Therapeutic Group Homes

This type of treatment provides residential mental health services to children and adolescents who are capable of functioning satisfactorily in a group home setting. The purpose of the therapeutic group care is to provide a therapeutic environment using specially trained "house parent" staff as key therapists. Service is provided in homes which typically serve from five to ten youth with an array of therapeutic interventions utilizing program staff, as well as other mental health professionals.

For therapeutic group care programs, the primary mission is treatment, and the primary target population is children/adolescents with serious emotional disorders. A therapeutic group home, generally, is a single home located in the community. In Mississippi, the models for treatment include the TF Model or Teaching Family Model and the TR Model or the Transition from Hospital to Community Model.

The model for therapeutic group home services recognizes the importance of developing specific services to help adolescents make the transition to independent living. Services of other child-serving agencies are sometimes utilized to reach this goal.

### Residential Treatment for the Substance Abusing Adolescent

This type of treatment provides residential services to adolescents who are capable of functioning satisfactorily in this environment. The purpose of the treatment is to provide a therapeutic environment in a program to treat chemically dependent adolescents. It is provided in facilities which typically serve from five to ten adolescents and provides an array of therapeutic interventions and treatment.

For therapeutic residential programs for substance abusing adolescents, the primary mission is treatment and the primary target population is chemically dependent adolescents. These programs, like the therapeutic group home for emotionally disturbed adolescents, usually are single homes located in the general community. The model

includes psychological, educational, social and specific substance abuse interventions appropriate to adolescents.

### Residential Treatment Center

This type of program provides residential treatment for the severely emotionally disturbed child or adolescent. A Residential Treatment Center provides 24-hour per day treatment in a setting with multiple living units able to serve a wider variety of clients. Each living unit, typically, will house 8 to 16 children or adolescents offering specialized services, if necessary, by age or severity of disorders. A Residential Treatment Center may have a strong medical component or a strong psychosocial approach. Other treatment components include individual, group, and family therapy; behavior modification; special education and recreational therapy.

### Inpatient Psychiatric Hospital Care (Specialized Psychiatric Hospital)

This service may be designed to provide either acute, short-term (90 days or less) or longer-term intensive psychiatric services to more severely disturbed children or adolescents in a hospital-based residential setting. A single hospital unit may provide either or both types of services. This type of service, typically, is the most expensive, the most closely supervised with the most intensive treatment, and has the highest percentage of medical staff. Inpatient psychiatric hospital care is reserved for extreme situations which include youngsters who are demonstrating serious acute disorders or particularly perplexing and difficult ongoing problems or are an immediate danger to themselves or others.

### Inpatient Alcohol and Drug Treatment (Specialized Substance Abuse Hospital Programs)

There are numerous similarities between inpatient and community residential treatment for substance abusing adolescents. These include the following: (a) both offer treatment for drug and alcohol abuse; (b) both are 24-hour, seven day a week programs; and (c) both provide a structured daily schedule that typically includes individual counseling, group therapy, recreational activities, educational activities, and opportunities for family counseling.

One of the primary differences between inpatient treatment and community residential treatment for substance abusing adolescents is that inpatient treatment provides medical staff as active, permanent members of the treatment team. The second major difference between the two program types is in the length of stay which is typically shorter for inpatient. The average length of stay for inpatient treatment ranges from 30 to 45 days.

### Community Supports

Community Support Services (CCS) provides an array of support services delivered by community-based, mobile professionals. Services address the individualized mental health needs of the client. They are directed towards adults, children, adolescents and families and will vary with respect to hours, type and intensity of services, depending on the

changing needs of each individual. The purpose/intent of CCS is to provide specific, measurable, and individualized services to each person served. CCS should be focused on the individual's ability to succeed in the community; to identify and access needed services; and to show improvements in school, work and family and integration and contributions within the community. This service replaces the direct services historically provided as case management in Mississippi.

### Transitional Services

These services are designed to help adolescents make the transition to independent living and preparation for paid employment. Such services can be provided in a foster home, group living, residential treatment center, supervised apartment, or day treatment setting. The emphasis is to provide individuals with the information and skills to manage financial, medical, housing, transportation, special/recreational, and other daily living needs. Close involvement is required with vocational education components of school systems, vocational rehabilitation agencies, and job training programs.

### Family Education and Support Services

Children with mental health needs often have educational, economic, health, vocational, and other support needs. For example, a child with severe emotional disorders may need special education, financial assistance, and structured living situations. Thus, a wide variety of services must support the delivery of mental health services. Family education programs, such as the Developing Families As Allies program, are an important part of this array. They are often available through community mental health centers.

### Advocacy and Protection and Support Services

The presence of a serious emotional disorder can also severely limit access for a child or adolescent to available support services, e.g., vocational rehabilitation, medical care, dental care, health services, nutritional assistance, and transportation. Therefore, advocacy and support are provided through agencies such as the Mississippi Families As Allies Parent network, the Mississippi Chapter of the National Alliance on Mental Illness, and the Mississippi Protection and Advocacy Center.

### Wraparound Facilitation

Wraparound Facilitation is the creation and facilitation of a child and family team for the purpose of developing a single plan of care to address the needs of youth with complex mental health challenges and their families. The child and family team will meet regularly to monitor and adjust the plan of care if necessary or progress is not being made. Wraparound facilitation is intended to serve individuals who have serious mental health challenges that exceed the resources of a single agency or service provider, experienced multiple acute hospital stays, at risk of out-of-home placement or have been recommended for residential care or have had interruptions in the delivery of services across a variety of agencies due to frequent moves, failure to show improvement, lack of previous

coordination by agencies providing care, or reasons unknown. Wraparound facilitation must be provided in accordance with high fidelity and quality wraparound services.

### Peer Support Services

Peer Support Services are person-centered services with a rehabilitation and recovery focus designed to promote skills for coping with and managing psychiatric symptoms while facilitating the utilization of natural resources and the enhancement of community living skills. Peer Support Service is a helping relationship between peers and/or family member(s) that are directed toward the achievement of specific goals defined by the consumer. It may also be provided as a family partner role.

### FASD Screening, Diagnosis and Intervention

The MDMH Division of Children and Youth Services implements the Mississippi Fetal Alcohol Spectrum Disorders (FASD) initiative in order *to improve the functioning and quality of life of children and youth and their families by diagnosing those with an FASD and providing interventions based on the diagnosis.* The initiative targets children who are referred to the Community Mental Health Centers for services or who are referred to one of the local Making a Plan (MAP) Teams for services.

Children's service staff at each of the 15 community mental health centers in the state have received intensive FASD-specific training to enable them to screen children for the risk of FASD and then make referrals for diagnostic evaluations through the UMC Child Development Clinic to determine if the child does indeed have an FASD. Following the diagnostic evaluation, the CMHC staff must modify the child's service plans to include the treatment recommendations and behavioral interventions provided by the UMC clinicians. The community mental health centers collect FASD-specific data and submit this data to the FASD project staff at MDMH in the form of monthly reports or other special reports.

Because of the nature of an FASD diagnosis and the recommended interventions or treatments, the MAP Teams will often play an important role in the process of providing the necessary services. Our ultimate goal is to identify children in Mississippi with an FASD and provide services that will enable them to achieve their maximum potential despite the effects of prenatal alcohol exposure. We also plan to expand our overall prevention efforts through increased FASD education and public awareness. For more information, contact Trisha Hinson, State FASD Coordinator/Project Director, 601-359-6291 or [trisha.hinson@dmh.state.ms.us](mailto:trisha.hinson@dmh.state.ms.us)

### **Special Initiatives**

The Division of Children and Youth Services also pursues funding to establish special initiatives to meet the needs of children and families. There are projects that the Division manages or partners with another DMH Division or other agency. These include the MS Transitional Outreach Project (MTO) System of Care in CMHC Regions 4, 7, 10, and 12. Also included in this section is information about the Mississippi Division of Medicaid's MYPAC Waiver program.

## **Mississippi Transitional Outreach Project (MTOP) System of Care Project**

The Mississippi Transitional Outreach Project (MTOP) is funded through a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). The project's goals include expanding community capacity to serve transition aged youth and young adults with serious emotional disturbances (SED). MTOP focuses on promoting and providing services and programs that are youth guided, family driven and culturally and linguistically competent.

The state level team consists of a Principal Investigator, Project Director, Technical Assistant, Cultural and Linguistic Competency Coordinator, Project Evaluator, and Clinical Coordinator. "NFusion" is the name of the local service sites. Staff at the local NFusion sites includes a Project Coordinator, Intensive Care Coordinators, Transitional Advisors, Youth Engagement Specialist, Family Engagement Specialist, and Cultural and Linguistic Competency Specialist.

The Mississippi Transitional Outreach Project is an innovative new approach creating a single point of entry, through NFusion sites in the state for services and referrals that focus on youth and young adults with SED between the ages of 14 – 21. Youth are advised on employment, housing, and social needs which affect an individual's mental wellness. MTOP promotes a "Stigma free environment", as stigma associated with transition aged youth may deter them from seeking services. Traditional and non-traditional services include any that would aide in a youth's transition process and can include Wraparound, SPARCS, TF-CBT and CBT. In addition, the sites also offer support and guidance to parents and caregivers of at risk youth and young adults while assisting in the enhancement of collaboration and coordination between community partners and agencies.

Mississippi Transitional Outreach Project was instrumental in creating the Statewide Affinity Group (SWAG) to provide a venue for children and youth service providers, family and youth, and community stakeholders across the state to play a vital role in enhancing Mississippi's System of Care. It is the goal of the SWAG to ensure resources and collaborations are fostered and supported to meet the needs of the children and youth and their families in our state, creating a state of interdependence rather than the falsehood of independence.

### **Goals of the local NFusion sites are to:**

- Improve transitional services for youth at risk
- Fill gaps in essential services
- Improve culturally competent services and eliminate disparities
- Reduce stigma and lack of knowledge about mental illness
- Increase awareness of transition challenges/needs for young adults
- Increased commitment of community stakeholders to embrace system reform

MTOP will focus on moving Mississippi toward creating a true System of Care for youth and young adults. This will involve statewide cooperation with agencies in every youth service area and moving toward providing youth guided, family driven and culturally and linguistically competent services.

### **For more information about MTOP, contact:**

Joe Maury, Director  
601-359-6274

[Joe.maury@dmh.state.ms.us](mailto:Joe.maury@dmh.state.ms.us)

Website: <http://nfusionms.org>

## Mississippi Division of Medicaid

### Mississippi Youth Programs Around the Clock (MYPAC) An Alternative to Psychiatric Residential Treatment Facilities

What is MYPAC? Mississippi Youth Programs Around the Clock (MYPAC) is a home and community-based Medicaid waiver program. MYPAC provides an array of services for Mississippi youth with Serious Emotional Disturbance (SED). It is a program that provides alternate services to traditional Psychiatric Residential Treatment Facilities (PRTF).

What are the advantages of MYPAC over traditional psychiatric residential treatment facilities? Many Mississippi families are reluctant to seek help for their youth because they do not want them to spend weeks or even months in a psychiatric residential treatment facility. With MYPAC they can receive the services they need without having to leave their home, family or school. Also, with MYPAC, parents and/or guardians are much more involved with the planning and implementation of the services provided for their child.

What services will MYPAC provide? Services provided by MYPAC include Intensive Case Management, Wraparound Services, and Respite Services. An Individualized Service Plan will be developed by each participant, parent/guardian and the MYPAC provider which will be used to identify and address participants' and their families' individual needs. Providers will be expected to be available to participants and their families around the clock.

Who is eligible? Youth may be eligible for the MYPAC program if: \*They meet the clinical criteria for PRTF admission. \*They are under age 21. \*They meet the financial criteria for Medicaid.

Family Support Specialists will be an integral part of MYPAC. Soon after a youth is determined to be eligible, the youth and family will be contacted by a Family Support Specialist (FSS). An FSS is someone who will act as their personal advisor to help answer any questions they might have about MYPAC. The FSS will remain in contact with them for the entire time they are enrolled in MYPAC. The FSS is not a healthcare professional or a licensed counselor but is someone who has experience as a parent/guardian of a child with Serious Emotional Disturbance (SED).

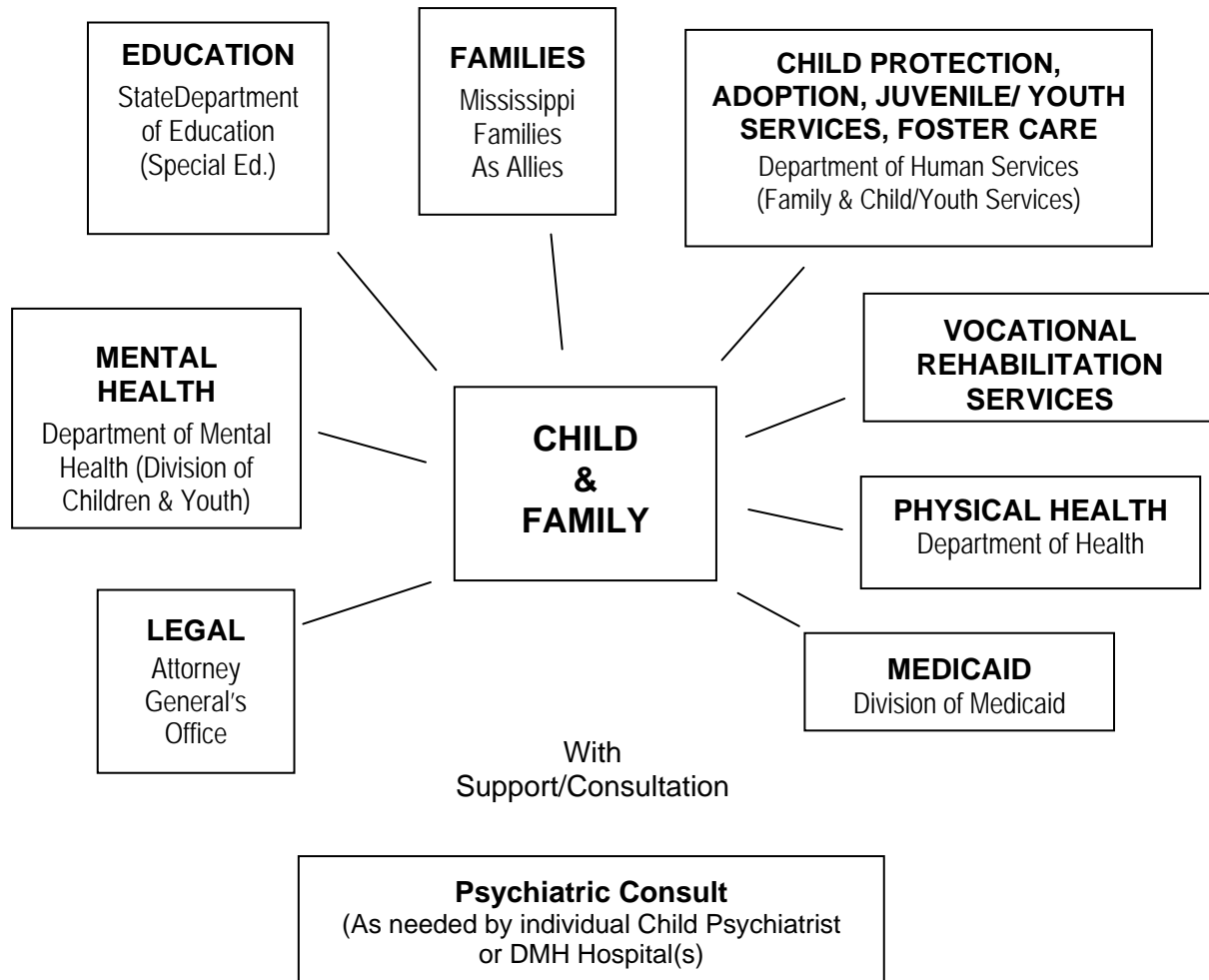
MYPAC participants have Freedom of Choice. Participants have the right to choose between the MYPAC program and the traditional services of a psychiatric residential treatment facility. They will also be able to choose the MYPAC provider that is best for their needs. The two statewide providers of MYPAC services are Mississippi Children's Home Services and Youth Villages. Additionally, Pine Belt Mental Healthcare Resources (Region 12 CMHC) serves the Transitional Age Group (18-21) in their nine counties.

I'm interested in MYPAC. What do I do now? If you are interested in finding out more about MYPAC services, contact the Division of Medicaid, Bureau of Mental Health Programs, Division of Special Mental Health Initiatives, at 601-359-9536 or at the toll-free number 1-800-421-2408.

Anyone can make a referral to MYPAC. The MYPAC Initial Screening Form may be completed by anyone and faxed to DOM/MYPAC for review on the secure fax line provided on the form. It is used to help determine if a youth meets basic criteria and appropriateness for the MYPAC program. The MYPAC Freedom of Choice Form is signed by the parent/guardian and ensures that the family has made an informed choice about type of service, selection of provider and participation in the national study. For more information, contact:

Jennifer Grant, Division Director, Division of Special Mental Health Initiatives  
Sillers Building, 550 High St., Suite 1000, Jackson, MS 39201  
601-359-3809

**MAP TEAMS AND A-TEAMS**  
**State Level Case Review Team**



- Authorization for Operating: Interagency Agreement
- Target Population:
  - Children and Youth up to age 21 years (or above if not completed school/ed.)
  - Serious Emotional Disorders (as per DMH definition, see page 2)
  - Typical history of more than one out-of-home psychiatric treatment
  - All available services/resources in the community and/or in the state have been utilized
  - Children and youth who have experienced numerous interruptions in delivery of services across a variety of attempted service deliverers due to frequent moves, failures to show, or reason(s) unknown.



- Primary Tasks:
  - Meet regularly once per month.
  - Review cases of children/youth referred from local level.
  - Identify what has been tried and services used.
  - Recommend any modifications that are possible to obtain services with present service/system.
  - Develop Recommended Service Plan (this may include existing services and informal supports/services).
  - Monitor and track implementation of Recommended Service Plan and status of child/youth.
  - Use information about availability of needed services; success of services with child/youth; other pertinent information gathered during the year to plan for modifications and plan further for future years.

### Local-Level MAP Teams

- Authorization for Operating: Legislation (HB 1529) and local Interagency Agreements
- Target Population: MAP Teams exist to serve the following children and youth (up to age 21) with serious emotional/behavioral disorders or serious mental illness who:
  - are at-risk for an inappropriate *24 hour institutional placement* due to lack of access to or availability of needed services and supports in the home and community,
  - are returning to a primary caregiver in the community from an inpatient acute psychiatric hospital or psychiatric residential treatment facility, and/or
  - are SED/SMI of transition age (14-21) who need assistance with resource planning to remain in the community.
  - Younger children (0 - 5) who have been identified as being most at-risk of later SED can also be assisted with identifying and accessing community resources by the local MAP Team.
- Primary Tasks:
  - The **first priority** of the MAP Teams is to review cases concerning children and youth (0 to 21 years) who have a serious emotional/behavioral disorder or serious mental illness and who are at immediate risk for an inappropriate **24 hour institutional** placement due to lack of access to or availability of needed services

and supports in the home and community. Immediate risk is defined as 1) the actual consideration of being placed out of the home at the time the referral is made or 2) community resources are not meeting the needs of the child/family at the time the referral is made.

- The **second priority** of the MAP Teams is to review cases of children (ages 0-7), who have early behavioral and peer relationship problems.
- The **third priority** of the MAP Teams is to review cases of transition-age children/youth (ages 14-21) to assist with resource planning to meet specific needs to appropriately remain in the community.
- MAP Teams identify **community-based services** that may divert children and youth from an inappropriate 24 hour institutional placement.
- MAP Teams facilitate the **provision and coordination of services** across agencies/entities for the target population.
- MAP Teams facilitate **continuity of care** for children/youth with serious emotional disorders/ serious mental illness.
- MAP Teams facilitate **support** for children/youth with serious emotional disorders/ serious mental illness and their families.
- Membership (typically includes representative from each of the following)
  - Families
  - Local schools
  - Community Mental Health Center
  - County Human Service Office, Family and Children's Services
  - Juvenile Justice
  - Local Department of Rehabilitation Services
  - Local Health Department Representatives
  - Local Law Enforcement
  - Ministers
  - Youth leaders
  - Other representatives of children/youth family service groups or organizations

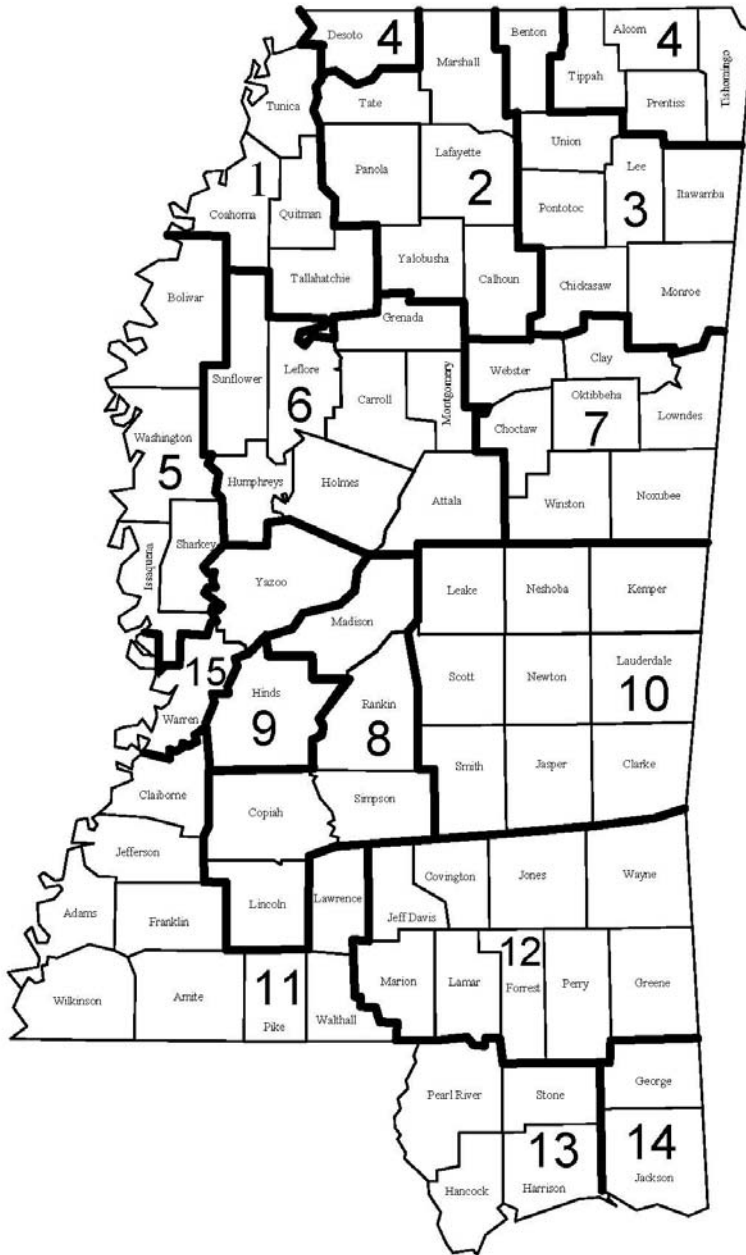
**MAP Teams by CMHC Region (Rev. 4/16/12)**

<u>Region</u>	<u>MAP Team</u>	<u>Coordinator</u>	<u>Agency</u>	<u>Phone</u>
1	Coahoma County	Shirley Long	Region One Mental Health Center	662-627-7267
	Quitman County	Andrea Williams	Region One Mental Health Center	662-326-4445
	Tallahatchie County	LaSuna Curry	Region One Mental Health Center	662-647-0099
	Tunica County	Phillip Parker	Region One Mental Health Center	662-363-5999
2	Calhoun County	Patty Smith	Communicare	662-234-7521
	Lafayette County	Patty Smith	Communicare	662-234-7521
	Panola County	Patty Smith	Communicare	662-234-7521
	Yalobusha County	Patty Smith	Communicare	662-234-7521
3	Chickasaw County	Johnice Dickerson	Region III Mental Health Center	662-844-0047
	Itawamba and Lee Counties	Raquel Rosamond	Region III Mental Health Center	662-844-1717
	Monroe County	Johnice Dickerson	Region III Mental Health Center	662-844-0047
	Pontotoc and Union Counties	Raquel Rosamond	Region III Mental Health Center	662-509-6759
4	Alcorn County	Brad Vuncannon	Timber Hills Mental Health Services	662-286-9883
	DeSoto County	Belinda Lunford	Timber Hills Mental Health Services	662-449-1808
5	Bolivar County	Jacqueline Todd	Delta Community Mental Health Services	662-695-0181
	Sharkey-Issaquena	Linda Sprouse	Delta Community Mental Health Services	662-347-4075
	Washington County	Annie Powell	Delta Community Mental Health Services	662-927-0400
6	Grenada, Leflore and all counties in region	Gwen Pernell	Life Help	662-897-9825
7	Clay County	Stephanie Taylor	Community Counseling Services	662-494-7060
	Lowndes County	Lina Beall	Community Counseling Services	662-328-9225
	Noxubee County	Martha Wallis	Community Counseling Services	662-726-5042
	Oktibbeha County	Lori Latham	Community Counseling Services	662-323-9218
	Webster and Choctaw Counties	Ray Evins	Community Counseling Services	662-258-8147
	Winston County	Juliette Reese	Community Counseling Services	662-773-9377

**MAP Teams by CMHC Region (Rev. 4/16/12))**

<u>Region</u>	<u>MAP Team</u>	<u>Coordinator</u>	<u>Agency</u>	<u>Phone</u>
8	Rankin County	Richard McMullan	Region 8 Mental Health Services	601-824-0342
9	Hinds County	Carol Warfield	Catholic Charities	601-326-3740
10	Lauderdale County	Lori Rank	Weems Community Mental Health Center	601-482-7377
	Newton County	Janet Simmons	Weems Community Mental Health Center	601-635-3342
11	Adams County	Martha Mitternacht	Catholic Charities (Natchez Office)	601-442-4579
	Amite and Wilkinson Counties	Debra Marshall	Southwest MS Mental Health Complex	601-657-4354
	Franklin County	Carrie Lloyd	Southwest MS Mental Health Complex	601-384-2261
	Lawrence County	Pamela Bowman	Southwest MS Mental Health Complex	601-587-4674
	Pike County	Jennifer Paredes	Southwest MS Mental Health Complex	601-276-3040
	Walthall County	Janice Briggs	Southwest MS Mental Health Complex	601-876-2686
12	Forrest County	Mona Gauthier	Pine Belt Mental Healthcare Resources	601-582-1111
	Jones County	Terri Moore	Pine Belt Mental Healthcare Resources	601-582-1111
	Lamar County	Terri Moore	Pine Belt Mental Healthcare Resources	601-582-1111
	Marion County	Terri Moore	Pine Belt Mental Healthcare Resources	601-582-1111
13	Hancock County	Vicki Revell-Smith	Gulf Coast Mental Health Center	228-467-1881
	Harrison County	Keyonda Brown	Gulf Coast Mental Health Center	228-865-1734
	Pearl River and Stone Counties	Mona Chambers	Gulf Coast Mental Health Center	601-916-1787
14	George County	Linda McGilvery	Singing River Services	601-947-4274
	Jackson County	Jessie Fulkerson	Singing River Services	228-696-0030
15	Warren County	Kay Lee	Vicksburg Family Development Services	601-638-1336
	Yazoo County	Suzanne Lancaster	Warren-Yazoo Mental Health Services	662-746-5712

**Mississippi Department of Mental Health  
Comprehensive Community Mental Health / Mental Retardation Regions**



2010

**COMMUNITY MENTAL HEALTH CENTERS (Rev. 6/1/11)**

**REGION 1 (Coahoma, Quitman, Tallahatchie, and Tunica Counties)**

Karen Corley, Interim Executive Director  
Diane Youngblood, Children's Coordinator  
Shirley Long, Day Treatment Specialist  
Region One Mental Health Center  
P. O. Box 1046 (1742 Cheryl St.)  
Clarksdale, Mississippi 38614  
Phone: (662) 627-7267  
Fax: (662) 627-5240  
Web: [www.regionone.org](http://www.regionone.org)

County Satellite Center Offices

- Quitman 400 Locust St., Marks, MS 48646 (662) 326-4445
- Tallahatchie 13 North Market St., Charleston, MS 38921 (662) 647-3240
- Tunica 1459 Main St., Tunica, MS 38676 (662) 363-3222

**REGION 2 (Calhoun, Lafayette, Marshall, Panola, Tate, and Yalobusha Counties)**

Sandy Rogers, Ph.D., Executive Director  
Connie Harris, Children's Services Coordinator  
Communicare  
152 Highway 7 South  
Oxford, Mississippi 38655  
Phone: (662) 234-7521  
Fax: (662) 236-3071  
Web: [www.communicarems.org](http://www.communicarems.org)

County Satellite Center Offices

- Calhoun 235 S. Murphree St., Pittsboro, MS 38951 (662) 412-3251
- Marshall 820178 East, Holly Springs, MS 38635 (662) 252-4140
- Panola 100 East Frontage Rd., Sardis, MS 38666 (662) 487-2746
- Tate 101 Preston McKay Dr., Senatobia, MS 38668 (662) 562-5216
- Yalobusha 214 Frostland Dr., Water Valley, MS 38965 (662) 473-3693

REGION 3 (Benton, Chickasaw, Itawamba, Lee, Monroe, Pontotoc, and Union Counties)

Robert Smith, Executive Director  
Rita Berthay, Children's Services Coordinator  
Region III Mental Health Center  
2434 S. Eason Boulevard  
Tupelo, Mississippi 38801  
Phone: (662) 844-1717  
Fax: (662) 680-6416  
Web: [www.region3mh.com](http://www.region3mh.com)

County Satellite Center Offices

- |             |                                       |                |
|-------------|---------------------------------------|----------------|
| - Benton    | 214 Industrial Dr., Ashland, MS 38603 | (662) 224-0078 |
| - Chickasaw | 223 E. Washington St., Houston 38851  | (662) 456-9977 |
| - Monroe    | 317 Main St., Amory, MS 38821         | (662) 256-7416 |
| - Pontotoc  | 339 Legion Lane, Pontotoc, MS 38863   | (662) 509-9300 |

REGION 4 (Alcorn, DeSoto, Prentiss, Tippah, and Tishomingo Counties)

Charlie D. Spearman, Sr., Executive Director  
Nikki Tapp, Children Services Coordinator  
Timber Hills Mental Health Services  
303 North Madison St. (Admin. Bldg.)  
P. O. Box 839  
Corinth, Mississippi 38835-0389  
Phone: (662) 286-9883  
Fax: (662) 284-9836  
Web: [www.timberhills.com](http://www.timberhills.com)

County Satellite Center Offices

- |              |  |                |
|--------------|--|----------------|
| - Alcorn     | 601 Foote St., Corinth, MS 38835           | (662) 287-4055 |
| - DeSoto     | 2725 Hwy. 51 South, Hernando, MS 38632     | (662) 449-1808 |
| - Prentiss   | 2100 E. Chambers Dr., Booneville, MS 38829 | (662) 728-3174 |
| - Tippah     | 2441A CR 501, Ripley, MS 38663             | (662) 837-8154 |
| - Tishomingo | 1213 Maria Lane, Iuka, MS 38852            | (662) 423-3332 |

REGION 5 (Bolivar, Issaquena, Sharkey, and Washington Counties)

Richard Duggin, Executive Director  
Jacqueline Todd, Children's Coordinator  
Delta Community Mental Health Services  
1654 East Union Street  
P. O. Box 5365  
Greenville, Mississippi 38704-5365  
Phone: 662-335-5274  
Fax: 662-378-3976  
Web: [www.dcmhs.com](http://www.dcmhs.com)

County Satellite Center Offices

- Bolivar 113A South Davis, Cleveland, MS 38732 (662) 843-9445
- Sharkey & Issaquena 317 West Race St., Rolling Fork, MS 39159 (662) 873-6228

REGION 6 (Attala, Carroll, Grenada, Holmes, Humphreys, Leflore, Montgomery, and Sunflower Counties)

Madolyn Smith, Executive Director  
Donna Theriot, Children's Services Coordinator  
Life Help  
2504 Old Browning Road  
P. O. Box 1505  
Greenwood, Mississippi 38930  
Phone: (662) 453-6211  
(662) 451-5899 (Children's Building)  
Fax: (662) 455-5243  
Web: [www.region6-lifehelp.org](http://www.region6-lifehelp.org)

County Satellite Center Offices

- Attala 314 S. Huntington St., Kosciusko, MS 39090 (662) 289-4735
- Carroll 201 Grenada Road, Carrollton, MS 38917 (662) 237-6690
- Grenada 965 Springhill Road, Grenada, MS 38901 (662) 226-1112
- Holmes 328 Depot Street, Lexington, MS 39095 (662) 834-1709
- Humphreys 119 Jackson St., Belzoni, MS 39038 (662) 247-3256
- Montgomery 718 Alberta Drive, Winona, MS 39867 (662) 283-2529
- Sunflower 200 East Baker St., Indianola, MS 38751 (662) 887-5441





REGION 7 (Choctaw, Clay, Lowndes, Noxubee, Oktibbeha, Webster, and Winston Counties)

Jackie Edwards, Executive Director  
Community Counseling Services  
222 Mary Holmes Drive (or 1032 Highway 50)  
P. O. Box 1336  
West Point, Mississippi 39773  
Phone: (662) 524-4347  
Fax: (662) 524-4364  
Web: [www.ccsms.org](http://www.ccsms.org)

Stephanie Taylor, Children's Services Coordinator  
Community Counseling Services  
Phone: (662) 773-9377  
Fax: (662) 773-9025

County Satellite Center Offices

- Clay 217 Court St., West Point, MS 39773 (662) 494-7060
- Choctaw 100 Old Sturgis Road, Ackerman, MS 39735 (662) 285-6225
- Lowndes 1001 Main Street, Columbus, MS 39701 (662) 328-9225
- Noxubee 200 West M. L. King St., Macon, MS 39341 (662) 726-5042
- Oktibbeha 302 North Jackson St., Starkville, MS 39759 (662) 323-9318
- Webster 1660 Veterans Memorial Blvd, Eupora, MS 39744 (662) 258-8147
- Winston 507 West Main St., Louisville, MS 39339 (662) 773-9377

REGION 8 (Copiah, Lincoln, Madison, Rankin, and Simpson Counties)

Dave Van, Executive Director  
Richard McMullan, Children's Specialist  
Region 8 Mental Health Services  
613 Marquette Road  
P. O. Box 88  
Brandon, Mississippi 39043  
Phone: (601) 824-0342 (Admin)  
(601) 825-8800 (Service)  
Fax: (601) 824-0349  
Web: [www.region8mhs.org](http://www.region8mhs.org)

County Satellite Center Offices

- Copiah 1019 Carroll Dr., Hazlehurst, MS 39083 (601) 894-2018
- Lincoln 624 Hwy. 51 N., Brookhaven, MS 39601 (601) 823-2345
- Madison 103 S. Lake Circle, Canton, MS 39046 (601) 859-8371
- Simpson 3112 Simpson Hwy. 13, Mendenhall, MS 39114 (601) 847-4410

REGION 9 (Hinds County)

Margaret L. Harris, Executive Director  
Kristy Leach, Children's Services Coordinator  
Hinds Behavioral Health Services  
3450 Hwy. 80 W.  
P. O. Box 7777  
Jackson, Mississippi 39284  
Phone: (601) 321-2400  
Fax: (601) 321-2476  
Web: [www.hbhs9.com](http://www.hbhs9.com)

REGION 10 (Clarke, Jasper, Kemper, Lauderdale, Leake, Neshoba, Newton, Scott, and Smith Counties)

Maurice Kahlmus, Executive Director  
Weems Community Mental Health Center  
1415 College Drive  
P. O. Box 4378  
Meridian, Mississippi 39304  
Phone: (601) 483-4821  
Fax: (601) 485-8727  
Web: [www.weemsmh.com](http://www.weemsmh.com)

Alisha Lee Marlow, Ph.D., Children's Services Coordinator  
Weems Community Mental Health Center  
1929 23rd Avenue  
Meridian, MS 39304  
Phone: (601) 482-7377  
Fax: (601) 482-7332

County Satellite Center Offices

- Clarke	100 Park Place, Quitman, MS 39355	(601) 776-6051
- Jasper	9 N. Second St., Bay Springs, MS 39422	(601) 764-2201/3957
- Kemper	110 Hopper Ave., DeKalb, MS 39328	(601) 743-5616/5618
- Leake	529 Main Street, Carthage, MS 39051	(601) 267-3551/5050
- Neshoba	1011 Posey Ave., Philadelphia, MS 39350	(601) 656-3451
- Newton	92 South 6 <sup>th</sup> Ave., Decatur, MS 39327	(601) 635-3342/4393
- Scott	3717 Hwy. 80 West, Forest, MS 39074	(601) 469-2211/1653
- Smith	355 Hwy. 37 South, Raleigh, MS 39153	(601) 782-9461

REGION 11 (Adams, Amite, Claiborne, Franklin, Jefferson, Lawrence, Pike, Walthall, and Wilkinson Counties)

Steve Ellis, Ph.D., Executive Director  
Jody McIntyre, Ph.D., Children's Services Coordinator  
Southwest Mississippi Mental Health Complex  
1701 White Street  
P. O. Box 768  
McComb, Mississippi 39649-0768  
Phone: (601) 684-2173 (Administration)  
Phone: (601) 276-3040 (Children's Services)  
Fax: (601) 249-4234  
Web: [www.swmmhc.org](http://www.swmmhc.org)

County Satellite Center Offices

- Adams 200 South Wall St., Natchez, MS 39120 (601) 446-6634
- Amite 315 Main St., Liberty, MS 39645 (601) 657-4354
- Claiborne 2090 Hwy. 61 N., Port Gibson, MS 39150 (601) 437-8185
- Franklin 47 Main St. East, Meadville, MS 39653 (601) 384-2261
- Jefferson 519 North Main St., Fayette, MS 39069 (601) 786-8091
- Lawrence 1230 Nola Road, Monticello, MS 39654 (601) 587-4674
- Walthall 219 Ball Avenue, Tylertown, MS 39667 (601) 876-4721
- Wilkinson 1495 Hwy. 61 South, Woodville, MS 39669 (601) 888-3022

REGION 12 (Covington, Forrest, Greene, Jefferson Davis, Jones, Lamar, Marion, Perry, and Wayne Counties)

Jerry Mayo, Executive Director  
Mona Gauthier, Children's Program Manager  
Pine Belt Mental Healthcare Resources  
103 South 19th Avenue (Children's Center: 110 Patton Avenue)  
P. O. Box 18679  
Hattiesburg, MS 39404-8679  
Phone: (601) 544-4641  
(601) 582-1111 (Children's Center)  
Fax: (601) 582-1607  
Web: [www.pbmhr.com](http://www.pbmhr.com)

County Satellite Center Offices

- Covington 22 Westview Dr., Collins, MS 39428 (601) 765-4514
- Greene 1501 Lackey St., Leakesville, MS 39451 (601) 394-5047
- Jefferson Davis 116 JE Johnson Road, Prentiss, MS 39474 (601) 792-4872
- Jones 1721 West 10<sup>th</sup> St., Laurel, MS 39440 (601) 425-9322
- Lamar 805 Hwy. 589, Purvis, MS 39475 (601) 794-6543
- Marion 217 Dewey St., Columbia, MS 39429 (601) 736-6799
- Perry 91180 Hwy. 42 West, Richton, MS 39476 (601) 788-6308
- Wayne 1104B Cedar St., Waynesboro, MS 39367 (601) 735-3350

REGION 13 (Hancock, Harrison, Pearl River, and Stone Counties)

Jeffrey L. Bennett, Executive Director  
Shelley Foreman, Coordinator of Children's Services  
Yvonne Walker, Day Treatment Coordinator, Harrison & Stone Counties  
Christina Palazzo, Day Treatment Coordinator, Hancock & Pearl River  
Gulf Coast Mental Health Center  
1600 Broad Avenue  
Gulfport, Mississippi 39501-3603  
Phone: (228) 863-1132  
Fax: (228) 865-1700  
Web: [www.gcmhc.com](http://www.gcmhc.com)

County Satellite Center Offices

- Hancock 819B Central Ave., Bay St. Louis 39520 (228) 467-1881
- Pearl River 211 Hwy. 115, Picayune, MS 39466 (601)798-7001
- Stone 217 Parker St., Wiggins, MS 39577 (601) 928-2357

REGION 14 (George and Jackson Counties)

Sherman Blackwell, II, Ed.D., Executive Director  
Debbie Brockaway, Children's Services Coordinator  
Singing River Services  
3407 Shamrock Court  
Gautier, MS 39553  
Phone: (228) 497-0690  
Fax: (228) 497-4666  
DMH faxes go to (228) 497-7604  
Phone: (228) 696-0030 (Children's Services)  
Fax: (228) 712-2783 (Children's Services)

County Satellite Center Offices

- George 57 Industrial Park Rd., Lucedale, MS 39452 (601) 947-4274

REGION 15 (Warren and Yazoo Counties)

Steve Roark, Executive Director  
Warren-Yazoo Mental Health Services  
3444 Wisconsin Avenue/P. O. Box 820691  
Vicksburg, Mississippi 39182  
Phone: (601) 638-0031  
Fax: (601) 634-0234  
Web: [www.warren-yazoo.org](http://www.warren-yazoo.org)

Suzanne Lancaster, Children's Services Coordinator  
Warren-Yazoo Mental Health Services  
2303 Gordon Avenue  
Yazoo City, MS 39194  
Phone: (662) 746-5712  
Fax: (662) 746-5723

**Directory of Programs for Children and Adolescents  
Funded and/or Certified through the Division of Children and Youth Services  
and Bureau of Alcohol and Drug Abuse in Fiscal Year 2012**

**Non-Residential Programs (Rev. 10/10/11)**

<u>Service Provider</u>	<u>Program</u>
Catholic Charities, Inc. 200 North Congress St., Suite 100 Jackson, MS 39201 c/o: Carol Warfield Greg Patin, Executive Director	Family Crisis Intervention Emergency Crisis Response & Aftercare Phone: (601) 355-8634 Fax: (601) 960-8493 Web: <a href="http://www.catholiccharitiesjackson.org">www.catholiccharitiesjackson.org</a>
Catholic Charities, Inc. Natchez Office 109 South Union St. Natchez, MS 39120 c/o: Martha Mitternacht, Director	Outpatient Therapy Phone: (601) 442-4579 Fax: (601) 442-4588 Web: <a href="http://www.catholiccharitiesjackson.org/natchez">www.catholiccharitiesjackson.org/natchez</a>
Community Counseling Services P. O. Box 1336 West Point, MS 39773 c/o: Juliette Reese Jackie Edwards, Exec. Dir.	Intensive Crisis Intervention Crisis Intervention/Emergency Response Crisis Hotline: 1-800-890-3127 Phone: (662) 494-7060 Fax: (662) 494-7533 Web: <a href="http://www.ccsms.org">www.ccsms.org</a>
Exchange Club of Vicksburg Child Abuse Prevention Center 3527 Manor Drive, Suite F Vicksburg, MS 39180 c/o: Erma Driver, Exec. Dir.	Prevention/Early Intervention Phone: (601) 634-0557 Fax: (601) 634-0093 Web: <a href="http://www.capcenter.net">www.capcenter.net</a>
Gulf Coast Mental Health Center 1600 Broad Avenue Gulfport, MS 39501-3603 c/o: Shelley Foreman Jeffrey L. Bennett, Exec. Dir.	Intensive Crisis Intervention (1 Harrison County site <u>only</u> ) Phone: (228) 863-1132 Fax: (228) 865-1700 Web: <a href="http://www.gcmhc.com">www.gcmhc.com</a>
Gulf Coast Women's Center for Nonviolence, Inc. P. O. Box 333 Biloxi, MS 39533 c/o: Lisa Wilbourn Sandra Morrison, Director	Crisis Intervention Phone: (228) 436-3809 Fax: (228) 435-0513 Web: <a href="http://www.gcwcfn.org">www.gcwcfn.org</a>

Service Provider

Jackson Public Schools  
P. O. Box 2338  
Jackson, MS 39225-2657  
c/o: Gloria Whitley, LCSW  
Dr. Jayne Sargent, Interim Superintendent  
Phone: (601) 960-8700  
Web: [www.jackson.k12.ms.us](http://www.jackson.k12.ms.us)  
(search: TeenScreen)

MS Children's Home Society  
& CARES Center  
P. O. Box 1078  
Jackson, MS 39205  
c/o: Christian Ware  
Chris Cherney, CEO  
Phone: (601) 352-7784  
Fax: (601) 968-0021  
Web: [www.mchscares.org](http://www.mchscares.org)

Mississippi Families As Allies, Inc.  
(Statewide Family Education & Support  
Organization)  
5166 Keele Street, Bldg. A  
Jackson, MS 39206  
c/o: Joy Hogge, Ph.D., Executive Director

NAMI Mississippi  
411 Briarwood Drive, Suite 401  
Jackson, MS 39206  
c/o: Tonya Tate, Executive Director

New Learning Resources School District  
New Summit School  
1417 Lelia Drive  
Jackson, MS 39216  
c/o: Dr. Nancy New, Executive Director  
Web: [www.newsummitschool.homestead.com](http://www.newsummitschool.homestead.com)

Program

Prevention (JPS Students only)  
TeenScreen  
Northwest Jackson Middle School  
720 Hwy. 49 North  
Jackson, MS 39213  
Phone: (601) 987-4949  
Fax: (601) 987-4975

Intensive Outpatient for Chemically  
Dependent Adolescents  
M & F, ages 12-21  
Phone: (601) 355-0077  
Fax: (601) 355-3703

Transitional Living Services  
PTOP (Powers Transitional  
Outpatient Program)  
M & F, ages 16-21  
Phone: (601) 372-9468  
Fax: (601) 968-0021

Crisis Intervention  
Family Education  
Respite  
Phone: (601) 981-1618  
(800) 833-9671  
Fax: (601) 981-1696  
Web: [www.msfaacmh.org](http://www.msfaacmh.org)

Family Education  
Phone: (601) 899-9058  
Fax: (601) 956-6380  
Web: [www.namicentralms.com](http://www.namicentralms.com)

Day Treatment  
Jackson and Greenwood, MS  
Phone: (601) 982-7827  
Fax: (601) 982-0080

Service Provider

Pine Belt Mental Healthcare Resources  
P. O. Box 18679  
Hattiesburg, MS 39404-8679  
c/o: Mona Gauthier  
Jerry Mayo, Executive Director  
Web: [www.pbmhr.com](http://www.pbmhr.com)

TBA (for TOPS information,  
interim contact is Mona Gauthier)

Region III Mental Health Center  
2434 S. Eason Blvd.  
Tupelo, MS 38801  
c/o: Rita Berthay  
Robert Smith, Executive Director

Region 8 Mental Health Services  
P. O. Box 88  
Brandon, MS 39043  
c/o: Richard McMullan  
Dave Van, Executive Director

Southern Christian Services  
for Children and Youth, Inc.  
Harden House Adoption and  
Foster Care Services  
1800 North Gloster, Suite A,  
Tupelo, MS 38804  
c/o: Cindy Renot

Timber Hills Mental Health Services  
601 Foote Street (Clinical Services)  
303 North Madison St. (Admin.)  
P. O. Box 839  
Corinth, Mississippi 38835-0389  
c/o: Nikki Tapp  
Charlie D. Spearman, Sr., Exec. Dir.

Vicksburg Family Development Service  
P. O. Box 64 (1205 Monroe St.)  
Vicksburg, MS 39181  
c/o: Kay Lee, Director  
Felicia Jones, Co-Director

Program

Crisis/Emergency Response  
Phone: (601) 582-1111 (Children's Ctr.)  
(601) 544-4641  
Fax: (601) 582-1607

Transitional Living Services (ages 16-21)  
Phone: (601) 545-7358  
Fax: (601) 582-1607

Intensive Crisis Intervention  
Phone: (662) 844-1717  
Fax: (662) 680-6416

Intensive Crisis Intervention  
Crisis Intervention/Emergency Response  
Phone: (601) 824-0342  
Fax: (601) 824-0349  
Web: [www.region8mhs.org](http://www.region8mhs.org)

Respite Care  
Phone: (662) 680-9191  
Fax: (662) 680-9196  
Web: [www.scscy.org](http://www.scscy.org)

Therapeutic Nursing  
Crisis/Emergency Response  
Phone (Admin.): (662) 286-9883  
Fax (Admin.): (662) 284-9836

Children's Coord: (662) 286-5868  
Fax: (662) 286-8095  
Web: [www.timberhills.com](http://www.timberhills.com)

Prevention/Early Intervention  
Phone: (601) 638-1336  
Fax: (601) 638-2093



Service Provider

Program

Warren-Yazoo Mental Health Services  
P. O. Box 820691  
Vicksburg, MS 39182  
c/o: Jeanine Hanks  
Steve Roark, Executive Director

Intensive Crisis Intervention  
Phone: (601) 638-0031  
Fax: (601) 634-0234  
Web: [www.warren-yazoo.org](http://www.warren-yazoo.org)

Youth Villages Mississippi  
805 South Wheatley St., Suite 240  
Ridgeland, MS 39157  
c/o: Katja Russell, Director of Programs  
Phone: (601) 572-3727  
Fax: (601) 572-3701

“Intercept” Case Management  
Program for Children and Youth  
Jackson, Biloxi, Hattiesburg, Tupelo,  
and Hernando, MS offices  
Web: [www.youthvillages.org/mississippi.aspx](http://www.youthvillages.org/mississippi.aspx)

**Residential Programs (Rev. 6/15/11)**

Service Provider

Program/Site

Sex/Age

APELAH Specialized Foster Care  
P. O. Box 4799  
Jackson, MS 39296  
c/o: Auranuth Dant, Director  
Mildred Williams, VP for MS  
Phone: (601) 991-2224  
Fax: (601) 991-2276  
Web: [www.meritan.org](http://www.meritan.org)

Therapeutic Foster Care  
Jackson & Hernando, MS

M & F  
ages 0-21

Catholic Charities, Inc.  
200 North Congress St., Suite 100  
Jackson, MS 39201  
c/o: Amy Turner (TFC)  
Lori Garrott (Hope Haven)  
Greg Patin, Executive Director  
Phone: (601) 355-8634  
Fax: (601) 960-8493  
Web: [www.catholiccharitiesjackson.org](http://www.catholiccharitiesjackson.org)

Therapeutic Foster Care  
Jackson, MS  
  
Hope Haven (Crisis  
Therapeutic Group Home)  
Jackson, MS

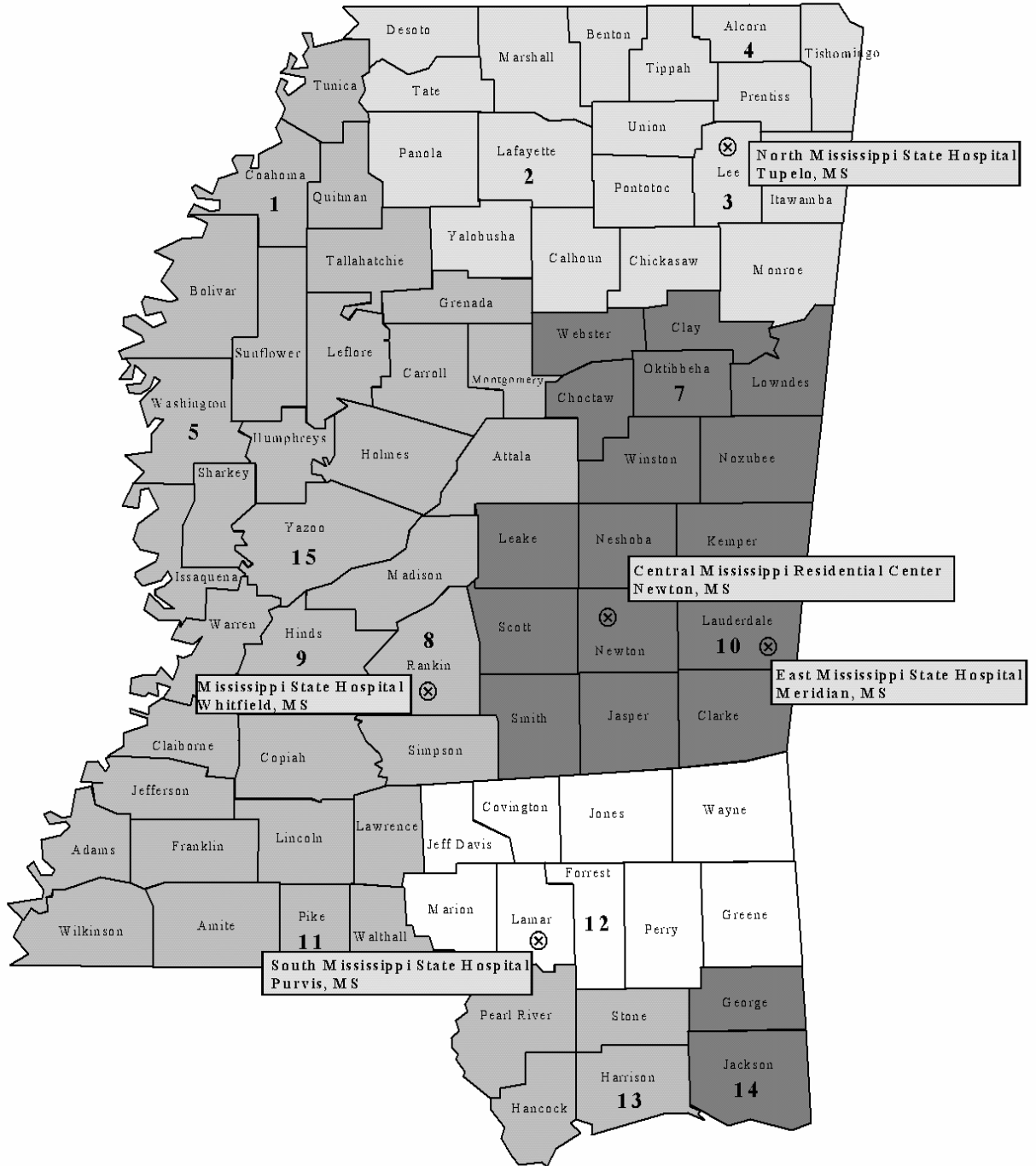
M & F  
ages 5-17  
  
M & F  
ages 12-17

<u>Service Provider</u>	<u>Program/Site</u>	<u>Sex/Age</u>
Center for Family Life Extension, Inc. 1160 McLean Street Jackson, MS 39209 c/o: George Stutts, TGH Director Amanda Johnson, Exec. Dir. Phone: (601) 354-9948 Fax: (601) 354-5239 Web: <a href="http://www.cfle-inc.org/contactus.html">www.cfle-inc.org/contactus.html</a>	Therapeutic Group Home Jackson, MS	Males ages 13-18
Hope Village for Children P. O. Box 26 (2414 23 <sup>rd</sup> Avenue) Meridian, MS 39302 c/o: Tina Aycocock, Exec. Director Phone: (601) 553-8660 Fax: (601) 553-8669 Web: <a href="http://www.hopevillagems.org">www.hopevillagems.org</a>	Therapeutic Group Homes Meridian, MS  Residential Transitional Living	M & F ages 12-21  M & F ages 17-21
Methodist Children's Homes P. O. Box 66 Clinton, MS 39060-0066 c/o: Tynisha Terry Denny Hydrick, Executive Dir. Phone: (601) 853-5000 Fax: (601) 853-5010 Web: <a href="http://www.mchms.org">www.mchms.org</a>	Therapeutic Foster Care Clinton, MS  Bass Group Home (Therapeutic Group Home) Lyon, MS  The Two of Us (Therapeutic Group Home – Pregnant/Parenting) Jackson, MS  Launch Plus Girls Home, Seals Girls Home and Wait Girls Home Clinton, MS	M & F Birth - 20  Males 12-20  Females ages 12-21  Females ages 12-21
Millcreek Rehabilitation Center P. O. Box 1160 Magee, MS 39111 c/o: Jon Jenkins, LCSW Phone: (601) 849-2649 Fax: (601) 849-6427 Web: <a href="http://www.millcreekofmagee.com">www.millcreekofmagee.com</a>	Millcreek Therapeutic Group Homes (2) Magee, MS	Males ages 12-17

<u>Service Provider</u>	<u>Program/Site</u>	<u>Sex/Age</u>
<p>MS Children's Home Society &amp; CARES Center P. O. Box 1078 Jackson, MS 39205 c/o: Christian Ware Chris Cherney, CEO Phone: (601) 352-7784 Fax: (601) 968-0021 Web: <a href="http://www.mchscares.org">www.mchscares.org</a></p>	<p>Transitional Living and Learning Center (TLC) (Residential Treatment for Chemically Dependent Adolescents) Saucier, MS</p>	<p>M &amp; F ages 13-17</p>
<p>c/o: Beth Frizsell, Director Permanency Division Phone: (601) 352-7784 Fax: (601) 968-0028</p>	<p>Mississippi Children's Home Therapeutic Foster Care Services (TFC homes in Tupelo, Jackson, Hattiesburg, and Gulfport)</p>	<p>M &amp; F ages 6-17</p>
<p>Positive Living, Inc. P. O. Box 11503 Jackson, MS 39283 c/o: Patricia Magee, Director Phone: (601) 982-7478 Fax: (601) 366-9206</p>	<p>Treasure House Therapeutic Residential Group Home for Girls Jackson, MS</p>	<p>Females ages 13-21</p>
<p>Region One Mental Health Center P. O. Box 1046 Clarksdale, MS 38614 c/o: Paige Havens Karen Corley, Interim Exec. Director Phone: (662) 627-7267 Fax: (662) 627-5240</p>	<p>Sunflower Landing (Residential Treatment for Chemically Dependent Adolescents) Clarksdale, MS Phone: (662) 624-4905</p>	<p>M &amp; F ages 12-17</p>
<p>Saint Joshua's Therapeutic Group Homes 3304 North State St. Jackson, MS 39216 c/o: Joshua Smith Steven Redd, Executive Dir. Phone: (601) 366-6866 Fax: (866) 224-2940 Web: <a href="http://www.saintjoshuasgrouphome.com">www.saintjoshuasgrouphome.com</a></p>	<p>Therapeutic Group Homes (2) Jackson, MS</p>	<p>Males ages 12-20</p>
<p>Savior of Life 411 Naples Street Jackson, MS 39206 c/o: Velma Hankins, Dir., TGH I Charles Chiplin, Executive Director Phone: (601) 398-2974 Fax: (same number as above)</p>	<p>Therapeutic Group Homes (2) Jackson, MS</p>	<p>Females ages 12-18</p>

<u>Service Provider</u>	<u>Program/Site</u>	<u>Sex/Age</u>
<p>Southern Christian Services for Children and Youth, Inc. 860 East River Place, Suite 104 Jackson, MS 39202 c/o: Kathy Metzger (or Judy Arnett) Susannah Cherney, Exec. Dir. Phone: (601) 354-0983 Fax: (601) 352-8638</p> <p>c/o: Cindy Renot Phone: (662) 680-9191 Web: <a href="http://www.scscy.org">www.scscy.org</a></p>	<p>Therapeutic Group Homes:</p> <ul style="list-style-type: none"> <li>- Harden House Fulton</li> <li>- Rowland Home for Youth Grenada</li> <li>- PALS Transitional TGHs (2) Jackson</li> <li>- Therapeutic Foster Care Tupelo</li> </ul>	<p>Females ages 7-17</p> <p>Males ages 15-20</p> <p>M &amp; F ages 16-21</p> <p>M &amp; F ages 0-18</p>
<p>Southern Foundation for Homeless Children 715 Cottonwood Drive Starkville, MS 39759 c/o: Penny Ward, Exec. Director Phone: (662) 465-8632 Fax: (same number as above)</p>	<p>Therapeutic Group Homes:</p> <ul style="list-style-type: none"> <li>- Paul's Home for Children Sturgis, MS</li> <li>- Eastwood Home for Children Columbus, MS</li> </ul>	<p>Males ages 13-17</p> <p>Males ages 13-17</p>
<p>The Taylor House Group Home, Inc. 517 Central St. Greenville, MS 38701 c/o: Florine Taylor, CEO Tasha Edwards, Program Dir. Phone: (662) 378-9918 Fax: (662) 378-9918 or 335-6295</p>	<p>Therapeutic Group Home Greenville, MS</p>	<p>Females ages 13-20</p>
<p>Waters Youth Foundation 108 Sherman Avenue Vicksburg, MS 39183 c/o: Marisa Rone, Exec. Director Phone: (601) 738-5348 Fax: (601) 738-5145</p>	<p>Therapeutic Group Home Vicksburg, MS</p>	<p>Males ages 10-14</p>
<p>Youth Villages Mississippi 805 South Wheatley St., Suite 240 Ridgeland, MS 39157 c/o: Katja Russell, Director of Programs Phone: (601) 572-3727 Fax: (601) 572-3701 Web: <a href="http://www.youthvillages.org/mississippi.aspx">www.youthvillages.org/ mississippi.aspx</a></p>	<p>Therapeutic Foster Care Jackson, Tupelo, Hernando, Hattiesburg, and Biloxi, MS</p>	<p>M &amp; F ages 4-18</p>

# State-Run Psychiatric Facilities



## DMH-Operated Inpatient Services

Presently, the Mississippi Department of Mental Health administers two state psychiatric hospital facilities which serve children and youth, Mississippi State Hospital at Whitfield (males and females, from age 4 to 17 years, 11 months) and East Mississippi State Hospital (adolescent males) at Meridian. The map on the previous page shows the counties which are in each hospital's catchment area. Additionally, the Department operates the Mississippi Adolescent Center in Brookhaven and the Specialized Treatment Facility for Youth in Gulfport (see descriptions below) which serve youth statewide.

East Mississippi State Hospital in Meridian operates the Bradley A. Sanders Adolescent Complex, a 50-bed short-term (up to 90 days) unit designed to provide short-term inpatient psychiatric, psychological, educational, social, and active therapies for males ages 12-17 whose presenting psychiatric condition includes serious emotional/behavioral disturbances (e.g., conduct, oppositional, and identity disorders, and impulse control difficulties). The unit also provides hospital-based alcohol and drug treatment for chemically dependent adolescents. Adolescents are admitted provisionally until evaluations are received and completed and results indicate placement in the unit appropriate and beneficial to the youth. For further information, please call: (601) 482-6186 Fax: (601) 483-5543.

Mississippi State Hospital at Whitfield, Oak Circle Center is a 60-bed building with five units, a 12-bed unit for children ages 4 years to 11 years, 11 months and four adolescent units (2 male and 2 female for a total of 48 beds) for ages 12 to 17 years, 11 months. As with the unit at EMSH, Oak Circle Center is designed to provide short-term inpatient psychiatric, psychological, educational, social and active therapies for those whose presenting psychiatric condition includes serious emotional/behavioral disturbances (e.g., conduct, oppositional, and identity disorders, impulse control difficulties) as well as reactive and developmental deviations. For further information, please call: (601) 351-8003. Fax: (601) 351-8200.

Mississippi Adolescent Center in Brookhaven is dedicated to providing adolescents with intellectual or developmental disabilities an individualized array of rehabilitation service options. This specialized facility serves youth with behavioral issues that make it necessary for their treatment to be provided by trained professionals in a residential setting. Though most youth served are between the ages of 13 and 21, persons under age 13 may be considered for services on an individual basis as space is available. For further information, please call: (601) 823-5700.

Specialized Treatment Facility for Youth with Emotional Disturbances in Gulfport provides residential care and habilitation services for 48 adolescents who have come before Youth Court and have been diagnosed with a mental disorder. Adolescents appropriate for admission are thirteen years but less than twenty-one years of age who present an Axis I Diagnosis of a severe emotional disturbance and need psychiatric residential services. For further information, please call: (228) 328-6000.