

2008 Annual Report



Supporting a Better Tomorrow...Today



DMH is supporting the evolution of mental health services...Today

DMH is helping erase the stigma of mental health...Today

DMH is bringing more services to the community...Today

DMH is bringing the future...Today

Mississippi Department of Mental Health

Introduction

Since its inception in 1974, the Mississippi Department of Mental Health (DMH) has endeavored to provide services of the highest quality through a statewide service delivery system. As one of the major state agencies in Mississippi, DMH provides a network of services to individuals who experience problems with mental illness, alcohol and/or drug abuse/dependence, or who have intellectual or developmental disabilities. Services are provided through an array of facilities and agencies operated, certified and/or funded by 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.

Philosophy

DMH is committed to providing the citizens of Mississippi with an array of services and supports. DMH is committed to preventing or reducing the unnecessary use of inpatient or institutional services when individual needs can be met with less intensive or least restrictive levels of care. Our system is a person-centered one that is built on the strengths of individuals and their families while meeting their needs for special services and supports.

Individuals Served in FY 2008

Psychiatric Facilities.....	6,729
Alcohol and Drug Abuse Treatment Services.....	43,995
Alcohol and Drug Abuse Prevention Services.....	89,969
Intellectual/Developmental Disabilities Facilities.....	2,347
Intellectual/Developmental Disabilities Community Services	8,863
Mental Health Community Services	
Children and Youth.....	72,407
Adults.....	111,340
Crisis Intervention Centers.....	1,164

*Individuals may have received more than one service. Numbers may be duplicated.

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Overview of the Service System

Statutory Authority of the Department of Mental Health

The Mississippi Department of Mental Health was created in 1974 by an Act of the Mississippi Legislature, Regular Session, as outlined in Sections 41-4-1 et seq. of the Mississippi Code of 1972, Annotated. The statute placed into one agency mental health, alcohol/drug abuse, and intellectual and developmental disabilities programs which had previously been under the direction of the State Board of Health, the Interagency Commission on Mental Illness and Intellectual and Developmental Disabilities, the Board of Trustees of Mental Institutions, and the Governor's Office. The statute also addresses the Department of Mental Health's responsibilities concerning services for persons with Alzheimer's disease and other dementia.

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

State-operated facilities The four state comprehensive psychiatric facilities, the five regional centers and the juvenile rehabilitation facilities are administered and operated by the Department of Mental Health. These facilities serve designated counties or service areas in the State and provide inpatient psychiatric, chemical dependence, forensic, limited medical/surgical hospital services, some community mental health services in areas near the state comprehensive psychiatric hospitals, intermediate care facility services for persons with intellectual and developmental disabilities, and a range of community services for persons with developmental disabilities. Nursing facility services are also located on the grounds of two of the state comprehensive psychiatric facilities.

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

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

A New Day for DMH

A Message from the Executive Director...

The Mississippi Department of Mental Health (DMH) is headed in a new direction. In order to adapt to the changing face of mental health in Mississippi, DMH is shifting its focus. An exciting new road lies ahead for treatment in the state.

The past year has been very exciting for mental health in Mississippi. The public continues to play a vital role in the public mental health system. With your support, we can all help make a difference in the lives of Mississippians with mental illness, substance abuse problems and intellectual and developmental disabilities.



My goal is to build on our past successes and ensure that our resources are utilized in an efficient manner to help meet the needs of people with mental illness, intellectual and developmental disabilities and substance abuse problems. We want to support a better tomorrow...today for Mississippians with mental health needs.

One of the ways we are supporting a better tomorrow is by providing more services in local communities. It is more efficient, beneficial and cost effective for people if services are provided closer to their homes and families. I believe it is easy for individuals to fall through cracks when they are sent off for treatment or assistance. The support groups to which people are accustomed do not exist when they must go outside their communities for help.

Another way we are supporting a better tomorrow is by educating the public, especially young adults. One of the keys to a successful mental health system in Mississippi lies in prevention with young adults. We need to send a strong message about youth suicide, dispelling the stigma associated with mental illness, and underage drinking and substance abuse to prevent problems down the road.

In FY 2008, DMH decided it was time to restructure the Department. DMH now consists of seven bureaus: Administration, Mental Health, Intellectual and Developmental Disabilities, Alcohol and Drug Services, Community Services, Workforce Training and Development, and Interdisciplinary Programs.

DMH also recognizes that a successful mental health system in Mississippi is contingent upon having a successful staff. Thus, in the fall of 2007, DMH began the succession planning program, "Focus," to develop leaders for tomorrow...today.

Providing a quality mental health system is the main goal of DMH. The many changes and new programs within the Department are paving the road to a bright future in Mississippi; it truly is a new day for the Mississippi Department of Mental Health!

Sincerely,

Edwin C. LeGrand III

Four Service Delivery Populations

- Intellectual and Developmental Disabilities
- Mental Illness
- Alcohol and Drug Abuse
- Alzheimer’s Disease and other Dementia

Estimated Prevalence of Need

2008 estimates of number of people needing services in MS

Intellectual and Developmental Disabilities.....	28,850
Mental Health	
Children and Youth.....	49,781
Adults.....	115,260
Alcohol and Drug Abuse.....	166,000
Alzheimer’s Disease and Other Dementia.....	52,000

Psychiatric Facilities

The **state psychiatric facilities** are administered by the Department of Mental Health. These facilities offer residential and/or community services for mental health, substance abuse, and Alzheimer's disease and other dementia. The facilities are administered by the Bureau of Mental Health.

East Mississippi State Hospital

Charles Carlisle, Director
P.O. Box 4128 West Station
Meridian, MS 39304-4128
Phone: 601-482-6186
www.emsh.state.ms.us

Mississippi State Hospital

James G. Chastain, Director
P.O. Box 157-A
Whitfield, MS 39193
Phone: 601-351-8000
www.msh.state.ms.us

North Mississippi State Hospital

Paul A. Callens, Ph.D., Director
1937 Briar Ridge Rd.
Tupelo, MS 38804
Phone: 662-690-4200
www.nmsh.state.ms.us

South Mississippi State Hospital

Wynona Winfield, Director
823 Highway 589
Purvis, MS 39475
Phone: 601-794-0100
www.smsm.state.ms.us

Central Mississippi Residential Center

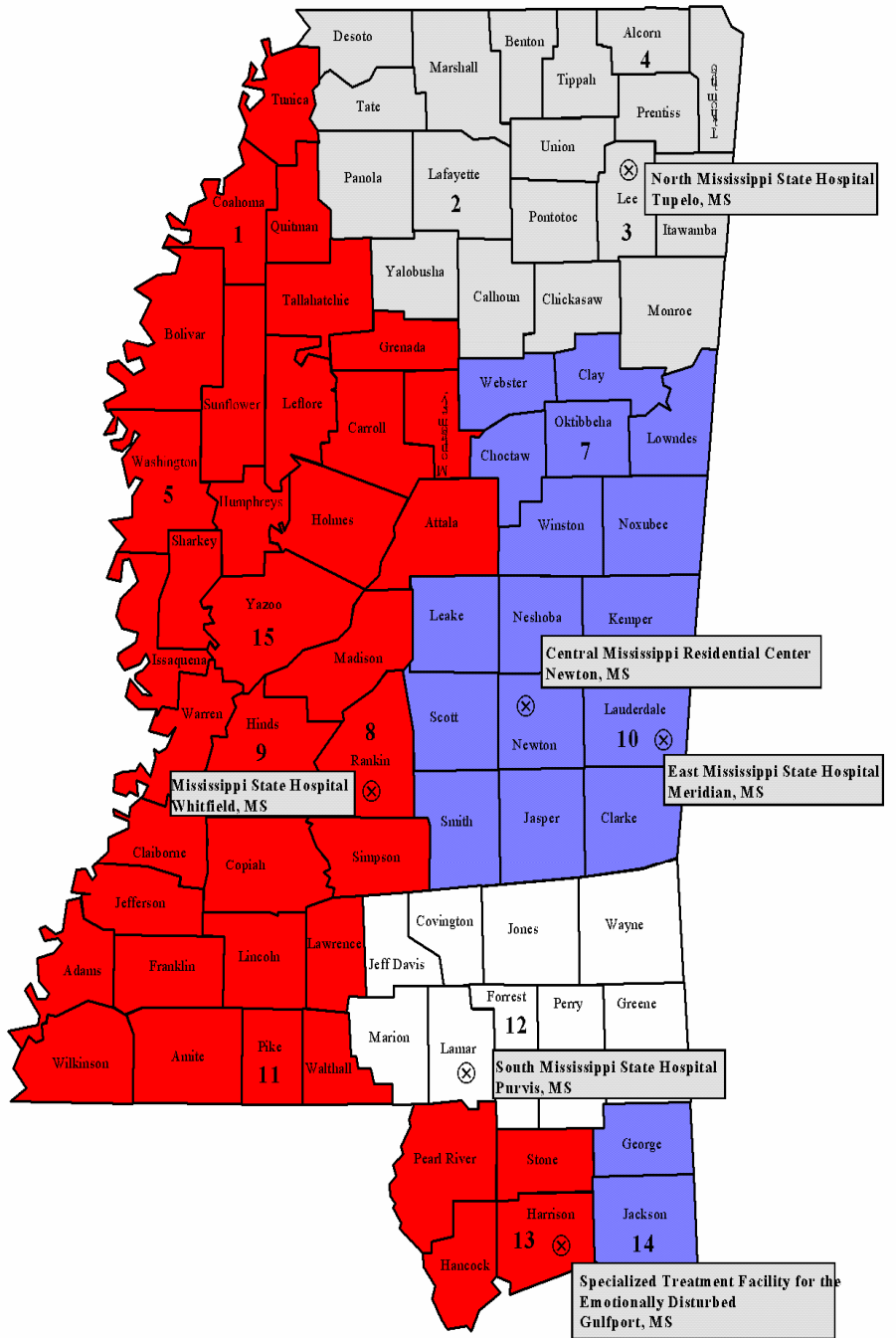
Debbie Ferguson, Director
P.O. Box 470
Newton, MS 39345
Phone: 601-683-4200
www.cmrc.state.ms.us

Specialized Treatment Facility

Stacy Miller, Director
14426 James Bond Road
Gulfport, MS 39503
Phone: 228-328-6000
www.stf.state.ms.us

Psychiatric Facilities

State-Run Psychiatric Facilities



Mississippi State Hospital is located in Whitfield and provides residential and/or community services for mental health, substance abuse, and Alzheimer’s disease and other dementia.

Individuals Served at Mississippi State Hospital in FY 2008

Acute Psychiatric	1,540
Continued Treatment Services	514
Medical Surgical Hospital	365
Oak Circle Center for Adolescents	335
Forensics	57
Jaquith Nursing Home (JNH)	538

FY 2008 Mississippi State Hospital (MSH) Accomplishments

Reduce Costs

In FY 2008, 20 projects were tracked to reduce costs that affect the hospital’s budget. Through these projects, \$1.2 million was saved which demonstrates to the community and those who monitor MSH’s services that the resources given by the taxpayers are being used efficiently and effectively.

Brookhaven CIC

Mississippi State Hospital (MSH) celebrated the opening of its Brookhaven Crisis Intervention Center (CIC) in December 2007.

“What a Difference a Friend Makes”

MSH played a significant role in DMH’s “What a Difference a Friend Makes” anti-stigma campaign targeting young adults. The partnership also included Region 8 Mental Health Services and the Rankin County Chamber of Commerce Adult and Youth Leadership programs. The Adult Leadership program and Pearl High School showcased the campaign at the Friends of MSH Annual Legislative Breakfast on February 5, 2008. The students performed the skit, “I Don’t Know,” which was developed into a video that was shown at the 2008 National Alliance for the Mentally Ill (NAMI) National Convention and has since been mass produced for distribution statewide.

Educating the Community

MSH created a booklet and banner for the campaign, “If You Looked Into the Eyes of Mental Illness, Could You See It?” The booklet has selected facts about mental illness, attacks common myths and misconceptions, showcases services and programs at MSH/JNH, and shares personal insights from patients/residents. The booklet was designed and printed on campus. To date, more than 3,000 booklets have been distributed. The banner and booklet were unveiled at the state MH/MR conference in November 2007.

East Mississippi State Hospital is located in Meridian and provides residential and/or community services for mental health, substance abuse, and Alzheimer’s disease and other dementia.

Individuals Served at East MS State Hospital in FY 2008

Acute Psychiatric Care	961
Intermediate Psychiatric Care	112
Continued Treatment Services	152
Adolescent Psychiatric Males	139
RP White Nursing Home	245

FY 2008 East Mississippi State Hospital (EMSH) Accomplishments

New Group Home Opens

During FY 2008, the EMSH Division of Community Services expanded its facilities and properties. The Community Services Residential Program completed construction and opened a new group home in DeKalb, the third group home operated by EMSH in Kemper County. Men who were already living in an older group home in Meridian transferred to the new facility in September 2007, and the older group home was closed.

Community Services Relocate

With the support and authorization of the DMH and the Board of Mental Health, EMSH purchased the Seventh Day Adventist Church and School property on North Hills Street, using funds realized from the sale of the Matty Hersee Hospital property to the Meridian Community College. Purchasing the property allowed the Division of Community Services to relocate and expand its community-based operations.

Demolition

EMSH received \$2 million dollars for demolition of the Champion Building, the long-term care psychiatric unit that has been vacant for more than three years and is located on the site of the proposed new Receiving Units, and for the construction of infra-structure associated with the Receiving Unit project.

North Mississippi State Hospital is located in Tupelo and provides acute inpatient services for adult men and women with serious mental illness.

Individuals Served at North MS State Hospital in FY 2008

Total Served
404

FY 2008 North MS State Hospital (NMSH) Accomplishments

Rapid Response

Performance improvement, especially with regards to safety, has been a primary concern for NMSH in the past fiscal year. NMSH staff have worked together to respond to the National Patient Safety Goals set forth by The Joint Commission. One of those goals, “to improve recognition and response to changes in a patient’s condition,” led to a pilot project which will soon be implemented facility-wide. A team of professionals was asked to develop a rapid response plan that would individualize the clinical team’s response to changes in NMSH patients’ conditions. The team developed a step-by-step plan that could be used to reinforce policies and procedures for responding to an agitated client. An additional step of keeping an easily accessible Rapid Respond card on patients (which outlines behaviors exhibited, interventions, results, etc.) has resulted in quicker and better responses to patients. A byproduct of the rapid response has been a decrease in seclusions and restraints.

Suicide Prevention Efforts

Suicide assessment and prevention are a high priority for The Joint Commission and for NMSH. During 2007 National Suicide Prevention Week, NMSH provided educational information to law enforcement officers and clergy in the catchment area on recognizing signs and preventing suicide. Special training was offered to NMSH clinical staff, e-mails pertaining to signs of suicide were distributed and the monthly employee newsletter featured an article about suicide prevention.

Waiting Lists

NMSH clinical and census management staff have worked diligently in the past year to decrease the number of days a patient has to wait for a bed at NMSH’s facilities once they have been committed. For the fiscal year, NMSH had 609 admissions, an average of 50.8 per month; this figure compares to 571 admissions the previous year, an average of 47.6 per month. The average number of waiting days until admission was 6.6 in this fiscal year, compared to 14 the previous year.

South Mississippi State Hospital is an acute-care regional psychiatric facility located in Purvis that offers a continuum of services for adults with mental illness.

Individuals Served at South MS State Hospital in FY 2008

Total Served
391

FY 2008 South MS State Hospital (SMSH) Accomplishments

StarFish Program

SMSH developed the StarFish Program which is a recognition program for front-line staff identified by their supervisors as high performers who work within the SMSH value system. Staff were given two half days of training comparable to what managerial staff would get at an out-of-town seminar and were primed to serve as liaisons between peers in their respective work areas and the SMSH administration. Based on survey results, training modules were developed for time management, effective communication, motivation, conflict resolution and change management.

SAM Team (Self-Administration of Medication)

The Standards and Accreditation Compliance Team at SMSH recognized the effect of medication non-compliance on the readmission rate at SMSH and the SMSH Crisis Intervention Center.

Studies have shown that non-compliance with medications is the leading cause of readmissions to psychiatric facilities. The goal of the SMSH's SAM program is to educate and prepare patients to take their prescribed medications after discharge. The program is integrated with community mental health providers to facilitate continuity of care.

The SAM team was chartered in December 2007 and is comprised of representatives from pharmacy, nursing, psychiatry, psychology, social services and purchasing. The team has developed the SAM program to which selected patients are referred by the treatment team. The patient goes through extensive training and is assisted by the nursing staff in setting up a medication box. The medication box is used throughout the patient's stay and goes with the patient at discharge to facilitate ongoing compliance with medications.

The team developed an educational brochure, a pre-and post-test for patients to measure knowledge related to their medications and is in the process of producing a DVD for patient and staff education.

Central Mississippi Residential Center is located in Newton and provides psychiatric services in a community setting, minimizing the need for hospitalization.

Individuals Served at Central MS Residential Center in FY 2008

Total Admitted
80

FY 2008 Central MS Residential Center (CMRC) Accomplishments

Top Priorities

CMRC's top priorities for FY 2008 were to obtain licensure for all programs and to identify and develop new funding sources. In order to accomplish these goals, CMRC shifted its focus and resources away from an institutional model of service to a community model. All CMRC programs were re-licensed as Community Mental Health Programs versus in-patient or residential programs. Applications were submitted to the Division of Medicaid and to the Social Security Administration. CMRC has received a positive response from Medicaid on the provider application; no response had been received from Social Security as of the time of this report.

Community Model Shift

The shift to a community model resulted in significant changes to the programming and general operation of the facility. Programming has been instituted that:

- is consumer driven;
- is based on a recovery model;
- utilizes evidence based practices; and,
- emphasizes self advocacy through education and participation in advocacy groups.

Community Partnerships

In FY 2008, CMRC encouraged community members to visit and volunteer on campus. The goal is for the community to learn more about CMRC and mental illness to eliminate the stigma of mental illness. CMRC also entered into a partnership with the National Alliance for the Mentally Ill (NAMI), a mental health advocacy group, to provide training not only for staff and clients but also to the community as part of DMH's anti-stigma campaign. The campaign has been very successful in CMRC's catchment area, with more than 500 students visiting the campus to attend a mental health awareness program. More than 100 East Central Community College nursing students completed mental health rotations in each program area.

CMRC has been busy "building bridges into the community," with the goal of eliminating the stigma associated with mental illness and to facilitate the transition of clients into independent living situations in the community.

Specialized Treatment Facility

The Specialized Treatment Facility is located in Gulfport and provides residential care and rehabilitation services for adolescent Mississippians who have come before Youth Court and have been diagnosed with a mental disorder.

Individuals Served at Specialized Treatment Facility in FY 2008

Total Admitted
76

FY 2008 Specialized Treatment Facility (STF) Accomplishments

Roger Amos McMurtry School

STF's on-site school, Roger Amos McMurtry School, is now accredited by the Mississippi Department of Education as a non-public school. The GED program also continues to assist students who desire to complete their education. The school was awarded a State Agency Neglected and Delinquent Federal Grant which was used for transition services/supports and to purchase computers and upgrades for the student computer lab. The school was also awarded a grant from the retail chain, Best Buy, to purchase academic software.

Physical Plant Enhanced

During FY 2008, the physical plant was enhanced with two major projects: 1) the procurement of an additional generator and the re-routing of existing generators to provide electrical power to two additional buildings in the event of severe weather such as Hurricane Katrina and 2) an upgrade and enhancement of the surveillance system.

Therapy

Master-level therapists at STF provided psychosocial, recreational, medical and educational therapies that included more than 1,000 hours of individual therapy, more than 400 hours of group therapy, more than 700 hours of recreation therapy, and approximately 530 family therapy sessions.

Nursing Student Rotations

STF provided psychiatric nursing student rotations for more than 30 nursing students from the University of Southern Mississippi and the Mississippi Gulf Coast Community College.

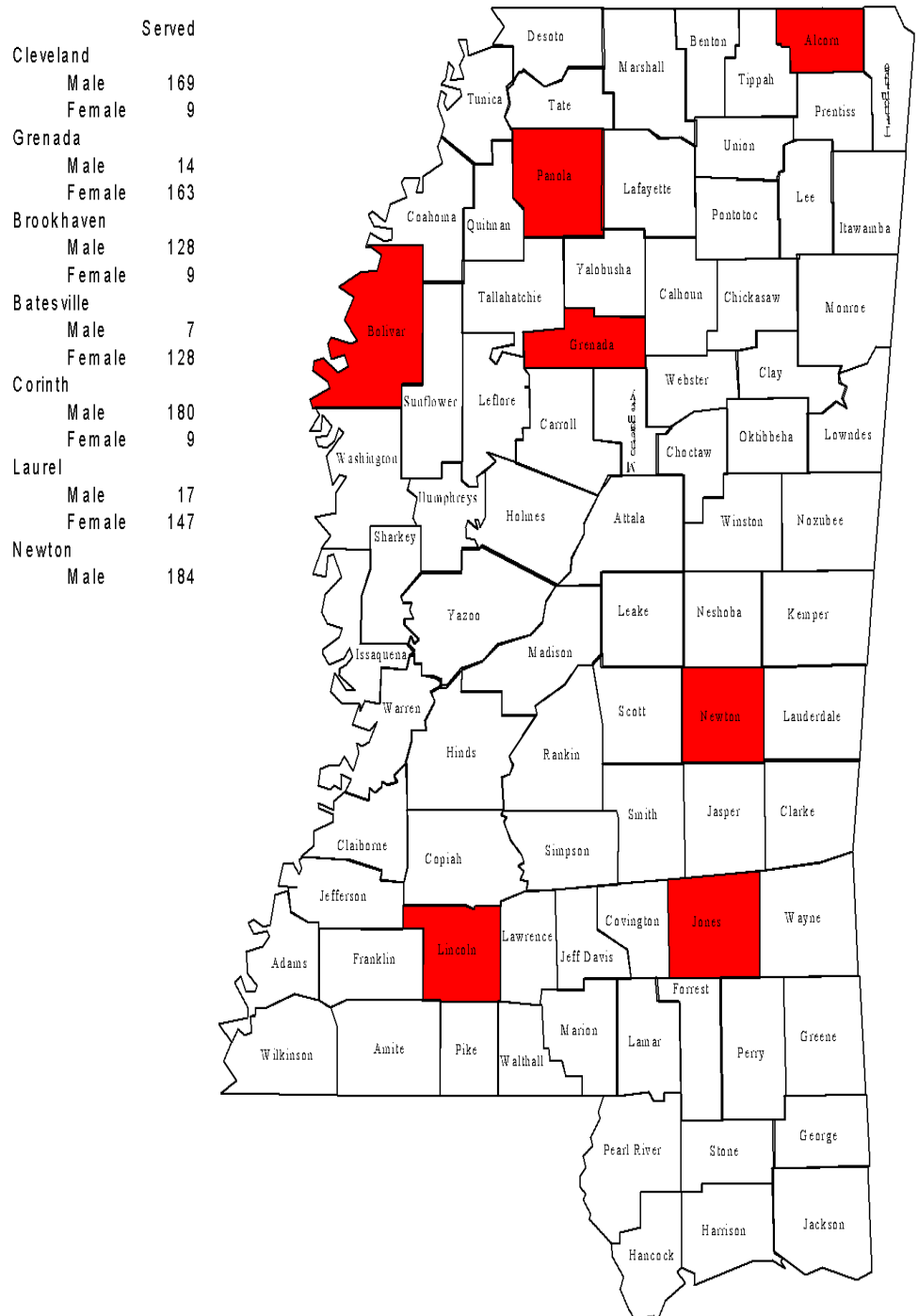
Suicide Intervention Training

STF staff participated in a two-day Applied Suicide Intervention Skills Training. The training prepared STF staff to provide suicide first aid intervention by following a three-phase model including connecting, understanding and assisting.

Crisis Intervention Centers

The **Crisis Intervention Centers** provide stabilization and treatment services to individuals who are in psychiatric crisis who have been committed to a psychiatric hospital and for whom a bed is not available. Individuals can often be stabilized at the crisis center and no longer require admission to the state psychiatric hospitals. **During FY 2008, a total of 1,164 individuals were served in the seven crisis intervention centers.**

State Crisis Intervention Centers



DMH provided a variety of adult mental health community services in FY 2008. Below is a list of the services and the number of individuals served.

Psychosocial Rehabilitation/Clubhouse

A Clubhouse is a psychosocial and vocational rehabilitation program for individuals diagnosed with a mental illness. Individuals are neither clients nor patients but participating members. **In FY 2008, 4,574 were served.**

Emergency Services

Emergency services are designated for immediate and intensive intervention in personal crisis situations. **In FY 2008, 5,239 individuals were served.**

Inpatient Referral Services

Programs must provide access to inpatient services in the individual's locale when appropriate. **In FY 2008, 2,286 individuals were served.**

Pre-Evaluation Screening & Civil Commitment Examinations

Pre-evaluation screening provides descriptive information to determine whether or not further examination is needed; a diagnosis is not made during this screening step. **In FY 2008, 5,423 individuals were served.**

Outpatient Therapy Services

Outpatient treatment includes individual, family, group, and multi-family group therapies. **In FY 2008, 37,059 individuals were served.**

Case Management Services

Case Management is the provision and coordination of services that are an integral part of helping individuals access needed medical, social, educational, and other services in order to attain their highest level of independent functioning. **In FY 2008, 16,781 individuals were served.**

Halfway Houses

Halfway House services are for individuals with Serious Mental Illness and were developed to provide a readjustment and transitional living facility for individuals discharged from a psychiatric hospital. **In FY 2008, 80 individuals were served.**

Group Homes

Group home services for adults with Serious Mental Illness provide residential accommodations in a home-like environment, with supervision and training. **In FY 2008, 652 individuals were served.**

Acute Partial Hospitalization

Acute Partial Hospitalization is a program that provides medical supervision, nursing services, structured therapeutic activities and intensive psychotherapy (individual, family and/or group) to individuals who are experiencing a period of such acute distress that their ability to cope with normal life circumstances is severely impaired. **In FY 2008, 66 individuals were served.**

Psychosocial Rehabilitation/Elderly

The Psychosocial Rehabilitation/Elderly program was designed to provide a safe and creative environment for elderly individuals. This program utilizes a variety of activities to assist in alleviating depression. **In FY 2008, 1,072 individuals were served.**

Intensive Residential Treatment Services

Intensive Residential Treatment Services are time-limited and designed to serve adults with severe mental illness episodes that if not addressed would likely result in the need for inpatient care. **In FY 2008, 868 individuals were served.**

Supervised Housing

Supervised Housing provides a residence for three or fewer individuals in a single living unit. Individuals function with a greater degree of independence than in a group home. **In FY 2008, 191 individuals were served.**

Physician/Psychiatric Services

Individuals must be provided access to physician/psychiatric services to include medication evaluation and monitoring, prescribing of medications, regular monitoring of the effects of medication prescribed, and certifying individual treatment plans every six months. **In FY 2008, 36,433 individuals were served.**

Drop-In Centers

Drop-In Centers are consumer-run programs which offer services in a non-clinical atmosphere and which focus on self-help activities, social skills, job skills and decreasing isolation. **In FY 2008, 167 individuals were served.**

Serious Mental Illness Homeless Services

PATH (Projects for Assistance in Transitioning from Homelessness) provides funding for specialized services for homeless individuals with mental illness and individuals at-risk of homelessness in targeted areas of the state. **In FY 2008, 449 individuals were served.**

DMH provided a variety of children and youth mental health community services in FY 2008. Below is a list of the services and the number of children and youth served.

Residential Services

The children/youth appropriate for community residential services do not need the services provided in a long-term psychiatric residential treatment center or in any long-term psychiatric setting or other more restrictive setting.

- **Therapeutic Group Homes** provide a structured therapeutic home environment, and the youth served in these homes have behavioral/emotional disorders and serious emotional disturbance. **In FY 2008, 426 children and youth were served.**
 - **Therapeutic Foster Care** is an intensive community-based program composed of mental health professional staff and trained foster parents who provide a therapeutic program for children and adolescents with serious emotional disturbances living in a foster home. **In FY 2008, 177 children and youth were served.**
-

Prevention/Early Intervention

Services include preventive mental health programs targeting vulnerable at-risk groups designed to prevent the occurrence of mental health and/or emotional problems and service programs designed to intervene as early as possible. **In FY 2008, 620 children and youth were served.**

Emergency Services

Emergency Services are time-limited interventions, available 24 hours a day, seven days a week. Emergency/crisis response staff triage referrals and respond in a timely and adequate manner to diffuse the current crisis and maintain the child/youth in the least restrictive, yet appropriate environment. **In FY 2008, 8,292 children and youth were served.**

Intensive Crisis Intervention Services

Intensive Crisis Intervention Services refer to specialized, time-limited interventions, available 24 hours a day, seven days a week, from some providers through program grants from the Mississippi Department of Mental Health. **In FY 2008, 483 children and youth were served.**

Case Management Services

Case Management is the provision and coordination of services that are an integral part of helping individuals access needed medical, social, educational, and other services in order to attain their highest level of independent functioning. **In FY 2008, 15,011 children and youth were served.**

Children and Youth Services

Outpatient Therapy

Outpatient treatment includes individual, family, group, and multi-family group therapies. **In FY 2008, 24,660 children and youth were served.**

Physician/Psychiatric Services

Individuals must be provided access to physician/psychiatric services to include medication evaluation and monitoring, prescribing of medications, regular monitoring of the effects of medication prescribed, and certifying individual treatment plans every six months. **In FY 2008, 15,081 children and youth were served.**

Day Treatment

Day Treatment is a therapeutic service designed for individuals who require less than 24-hour-a-day care, but more than other less intensive outpatient care. **In FY 2008, 6,002 children and youth were served.**

MAP Teams

The Making A Plan (MAP) Teams address the needs of children up to 21 years of age with serious emotional/behavioral disorders who require services from multiple agencies. The MAP Team must be composed of, at a minimum, one representative from the county level from each of the following major agencies that serve children: a bachelor's degree representative employed by the regional Community Mental Health Centers, the local school district in the county, the county office of Family and Children's Services of the State Department of Human Services, the county or regional Youth Services Division of the State Department of Human Services, and the county or regional office of the State Department of Rehabilitation Services. **In FY 2008, MAP Teams served 1,286 children and youth.**



Alzheimer's Disease and Other Dementia

DMH is responsible for the development and maintenance of Adult Day Programs for individuals with Alzheimer's disease and other forms of dementia, and counseling, education and training for family members, caregivers and service providers.

According to the Alzheimer's Association, an estimated 52,000 Mississippians are diagnosed with Alzheimer's disease.

Training Initiatives Offered in FY 2008

Dementia Education Training for Professionals in Elderly and Long-term Settings

Total Venues: 4
Total Participants: 400

Virtual Dementia Tour: Train the Trainer

Total Venues: 26
Total Participants: 600

The Forgetting: A Portrait of Alzheimer's

Total Venues: 2
Total Participants: 50

Health Fairs/Senior Fairs

Total Venues: 21
Total Participants: 3900

Additional Trainings

Total Venues: 74
Total Participants: 1319

8th Annual Conference on Alzheimer's Disease and Psychiatric Disorders in the Elderly

Total Vendors: 58
Total Registrants: 711

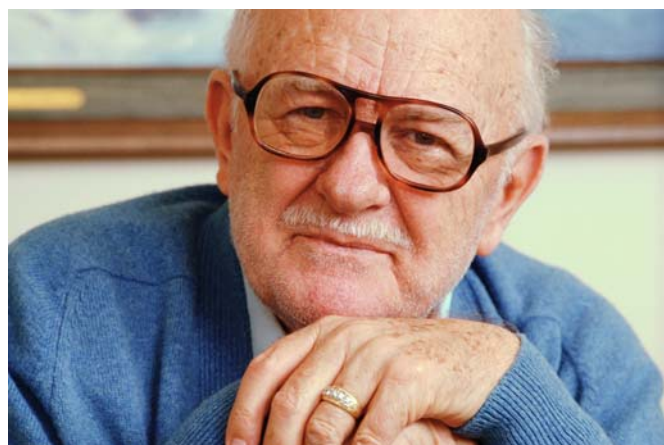
DMH funds and certifies two Adult Day Programs for individuals with Alzheimer's disease and related disorders. Footprints Adult Services is located in Newton, and Garden Park Adult Center is located in Greenwood.

Total served in FY 2008: 85

DMH provided the Alzheimer's Association Mississippi Chapter with one-time funding to supplement two volunteer Respite/Resource programs.

Total served in FY 2008: 30

DMH supplements the printing of *Living With Alzheimer's: An Alzheimer's Resource Guide*.



Intellectual and Developmental Disabilities

DMH is responsible for the development and implementation of services to meet the needs of **individuals with intellectual and developmental disabilities**. This public service delivery system is comprised of five state-operated comprehensive regional centers, a state-operated facility for youth who require specialized treatment, 15 regional community mental health/mental retardation centers and other non-profit community agencies/organizations that provide community services. Community and residential services are offered.

Boswell Regional Center

Raymond Johnson, Director
P.O. Box 128
Magee, MS 39111
Phone: 601-867-5000
www.brc.state.ms.us

Ellisville State School

Suzie Lassiter, Ph.D., Director
1101 Highway 11 South
Ellisville, MS 39437-4444
Phone: 601-477-9384
www.ess.state.ms.us

Hudspeth Regional Center

John Lipscomb, Ph.D., Director
P.O. Box 127-B
Whitfield, MS 39193
Phone: 601-664-6000
www.hrc.state.ms.us

North Mississippi Regional Center

Sandy Rogers, Ph.D., Director
967 Regional Center Drive
Oxford, MS 38655
Phone: 662-234-1476
www.nmrc.state.ms.us

South Mississippi Regional Center

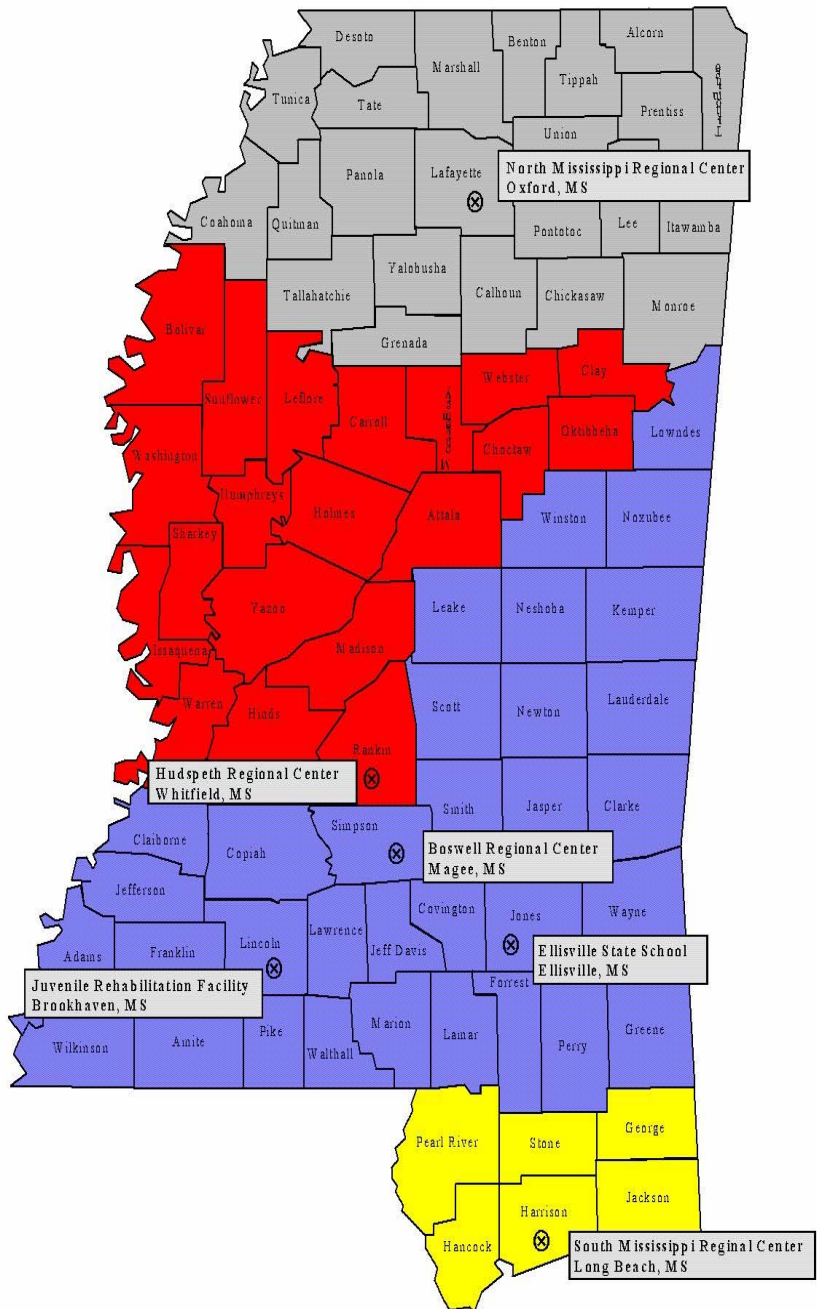
Pamela C. Baker, Ph.D., Director
1170 W. Railroad St.
Long Beach, MS 39560-4199
Phone: 228-868-2923
www.smrc.state.ms.us

Juvenile Rehabilitation Facility

Regina Terry, Director
760 Brookman Dr. Extension
Brookhaven, MS 39601
Phone: 601-823-5700
www.jrf.state.ms.us

IDD Facilities

State-Run Facilities for Persons with Mental Retardation/Developmental Disabilities



Ellisville State School, located in Ellisville, provides services to children and adults with intellectual and developmental disabilities with four residential units and a community service program.

Individuals Served at Ellisville State School in FY 2008

Total Served Institutional
535

FY 2008 Ellisville State School (ESS) Accomplishments

Renovations

Ellisville State School was fortunate to be able to participate in a number of special events as well as to complete campus improvement projects. The gymnasium was one of the major renovation projects completed during the year. The building received a new roof, and the interior underwent renovations as well. The installation of sprinkler systems in Meadow Manor, Magnolia, and Swinging 60s dorms was completed. Work also began at Parkview and Woodvillage dorms to install new sprinkler systems .

Day of Diversity

Ellisville State School participated in Day of Diversity during October 2007. Ellisville State School held a celebration on the main campus and was host to a number of guests including elementary students from local schools. Various ethnic backgrounds were represented in song, dance, and presentations. Guest speakers were invited to address the subject of diversity and the need to dialogue on the diverse nature of individuals in our state. The event was enjoyed by all who participated.

Dream Come True

One very special interest story this past year includes two individuals who purchased their own home. The women are served by the Case Management Department. Through the efforts of one case manager, their dreams have been fulfilled and their ultimate goals achieved.



Boswell Regional Center, located in Magee, provides individuals with intellectual and developmental disabilities a comprehensive array of services.

Individuals Served at Boswell Regional Center in FY 2008

Total Served Institutional
198

FY 2008 Boswell Regional Center (BRC) Accomplishments

Employee Turnover Decreases

The employee turnover rate has traditionally been high at mental health/IDD facilities. BRC implemented a new Unit System of administration in January 2007. Since then, the employee turnover rate has been reduced from 2.195% to less than 2%. This reduction appears to be a direct reflection of the change. The lower turnover rate reduces facility training costs and adds stability to the individuals served.

Chaplain Services

Additional Chaplain Services are now being offered at BRC. The Chaplain is now involved in active treatment. Participation in the treatment team process, visitation to individuals in the hospital or in need of counseling, and playing various instruments and hymns are some of the services offered by the Chaplain. Behaviors appear to be at a lower frequency rate when these activities are being provided.

Group Home Renovation

The Mary Elizabeth Morton Group Home in Magee provides services to eight individuals who have been diagnosed with autism. The group home is the only DMH group home specifically devoted to serving individuals age 21 years and older who have a diagnosis of autism. The home, built in 1998, was originally designed to serve six individuals. During 2008, a partial renovation allowed an increase in accommodations for two additional clients. Individuals at the group home participated in special events during Autism Awareness Month in April, including an Autism Awareness Day. Activities for this occasion included a special meal with a celebration cake, arts and crafts, and games.

North MS Regional Center, located in Oxford, provides individuals with intellectual and developmental disabilities a comprehensive array of services.

Individuals Served at North MS Regional Center in FY 2008

Total Served Institutional
491

FY 2008 North MS Regional Center (NMRC) Accomplishments

Family Assistance and Training

NMRC's Judevine program is a behavior modification approach in changing behavior and maintaining that change over time in a variety of natural environments. The seven day training program consists of classroom learning, observation, data collection, etc., while the last few days consist of hands-on work sessions to apply what has been learned. In FY 2008, the program made a significant impact on one family in particular.

The McCord's family was desperate for help for their 11-year-old son, Connor. Connor, who has autism and was living at home, routinely hit, kicked and bit anyone within reach. After touring NMRC and meeting with staff members, Connor's parents agreed that a short-term stay would be beneficial. McCord, Connor's in-home sitter, and several Pontotoc public school personnel participated in the training to learn appropriate ways to manage Connor's behavior. The family has expressed their gratitude by stating that this assistance has been a life-changing experience for them and that NMRC has helped the family "get their son back."

Opening of the Third Meadow View Home

"Meadow View West," NMRC's third ICF/MR Community Home in Senatobia, opened October 2, 2007. The Meadow View program, which originally opened in 2003, now serves 10 females and 20 males with intellectual and related developmental disabilities from Tate and surrounding counties. With 30 individuals served, it is NMRC's largest community-based residential program — and the only location featuring three licensed homes.

South MS Regional Center, located in Long Beach, provides individuals with intellectual and developmental disabilities a comprehensive array of services.

Individuals Served at South MS Regional Center in FY 2008

Total Served Institutional
160

FY 2008 South MS Regional Center (SMRC) Accomplishments

SMRC Initiates Online Behavior Management Training

SMRC utilizes an Internet-based approach to providing behavior management training to all employees. The online training system was developed using Moodle and other free, open-source software. The system allows employees to view training videos, obtain written materials and engage in activities from any location where South Mississippi Regional Center maintains an Internet-connected computer. During the 2007 calendar year, over 5,000 training hours were accrued by staff via the online website. SMRC projects that users will exceed substantially this 5,000 hour benchmark by the end of the 2008 calendar year.

Severe Weather Website Hosts Information for SMRC Staff and Families

Due to its proximity to the Gulf of Mexico, SMRC bears a responsibility to keep clients' families and Center employees aware of tropical weather and other potential emergencies. SMRC maintains a website where relevant information can be made available throughout the year. The website was developed using Joomla and other free, open-source software. Its use makes it possible to combine updates from the facility director and other facility administrative staff with local and tropical weather reports, facility and State evacuation plans and to have a repository for maps and other printed material. The website can be accessed at <http://www.smrcinfo.com>.

Konnections Autism Resource Center

Responding to the Coast's need for specific resources in autism spectrum disorders, SMRC's Konnections Autism Resource Center is a service program for individuals with autism, Aspergers syndrome and related disabilities. Families benefit through development training and sibling support. Training is offered to individuals interested in becoming community childcare or respite providers.

Konnections partnered with Autistic Angels, a local chapter of TEAAM (Together Enhancing Autism Awareness in Mississippi) in sponsoring the First Annual Gulf Coast Autism Awareness Walk with nearly 400 participants. Organized teams included Northrop Grumman and the Long Beach School District. Walkers met at the Veterans Memorial Park in Ocean Springs, walking to the Gulf Islands National Seashore Park for a picnic sponsored by South Mississippi Regional Center.

Hudspeth Regional Center located in Whitfield provides individuals with intellectual and developmental disabilities a comprehensive array of services.

Individuals Served at Hudspeth Regional Center in FY 2008

Total Served Institutional
295

FY 2008 Hudspeth Regional Center (HRC) Accomplishments

Friends of Hudspeth Center

Friends of Hudspeth Center has been instrumental to HRC in helping the individuals served. Through fundraising activities an outdoor, freestanding, screened pavilion was completed in April 2008. This pavilion has ceiling fans that allow clients to enjoy the outdoor weather the majority of the year. The Friends organization purchased two treadmills, four picnic tables, and two home stereo systems for the individuals at Morton Group Home and two treadmills for the Louisville Group Home. Plans are being made at this time for a new playground area at HRC from a \$12,500 donation from Miskelly Furniture. Friends of Hudspeth Center will also make a donation for the playground area.

Enriching Lives

HRC staff continue to work to enrich the lives of individuals they serve. In FY 2008, clients participated in the Mississippi Arts Fair for the Disabled, Oktoberfest, the Mississippi State Fair, Cottage Christmas Parties and a Christmas Parade, a Valentine's Ball, a St. Patrick's Day Parade, and the Mr. and Miss HRC Pageant, among other activities.

Swimming Program

A new swimming program has been established for the clients which enables many wheelchair-bound individuals to enjoy the freedom of being in the pool.

The Juvenile Rehabilitation Facility is a residential facility located in Brookhaven dedicated to providing adolescents with intellectual and/or developmental disabilities an individualized array of rehabilitation service options.

Individuals Served at Juvenile Rehabilitation Facility in FY 2008

Total Served Institutional
48

FY 2008 Juvenile Rehabilitation Facility (JRF) Accomplishments

JRF Partners with Brookhaven High School

During FY 2008, a JRF resident completed his graduation requirements and participated in commencement services at Brookhaven High School while he resided at JRF. The unique partnership allowed this young man to realize his dream of going to high school and doing all the things that typical teenagers do while still getting care from the facility. The diploma he has earned is a tribute to JRF's staff and the community.

Relay for Life

JRF was once again the hub for the Lincoln County Relay for Life. Regina Terry, Director of JRF, served as the American Cancer Society Lincoln County Chair while allowing JRF to host the meetings and services offered by Relay. JRF hosted monthly planning sessions and rallies, membership functions, and bank night. The response and publicity that this important event brought to the facility has been a great asset as JRF continues to build bridges in the community.

JRF Hosts Fireworks Celebration

The city of Brookhaven and its elected officials asked JRF to host the fireworks celebration for the city's 150th birthday. The city provided the fireworks and a monetary donation to the Friends of JRF organization for its assistance in hosting and coordinating the fireworks display. The opportunity for community exposure was the largest that JRF had ever been given, and it was extremely successful. JRF hosted approximately 2,500 patrons who saw a spectacular fireworks display; this event also provided an opportunity for community members to view JRF, many for the first time.

Early Intervention

Services are provided to children birth to age three who have an intellectual and/or developmental disability (IDD) or who are at risk for such. Services include comprehensive and multidisciplinary evaluations, speech/language therapy, occupational therapy, physical therapy, and educational interventions. The program is in collaboration with the Mississippi Department of Health's First Steps Early Intervention Program.

Early Intervention	Admitted	Served
Day Treatment	50	114
Early Intervention Services	746	845

Work Activity Centers

Work Activity Centers are provided for individuals 16 years and older who have IDD. The service assists individuals in increasing their productivity and self-sufficiency and provides opportunities for community integration.

Work Activity	Admitted	Served
	206	793

Case Management

Services assist individuals with IDD in gaining access to any needed social, medical, and/or educational services in order to live successfully in the community.

Case Management	Admitted	Served
	332	1729

Community Living

Services are provided to offer needed supervision, monitor health and physical condition, and assist with activities of daily living. Community Living provides different levels of assistance ranging from 24 hours a day, seven days a week to weekly contact. This service includes Supported Living and Supervised Living.

Community Living	Admitted	Served
Supervised Living	24	354
Supported Living	24	142
Retirement Living	4	20
Community Respite	5	88

Supported Employment

Supported Employment services are designed to increase the independence, community integration, and productivity of people by assisting them in finding and keeping community employment. The service consists of such elements as recruitment of individuals from other services to competitive employment, job finding, matching the individual to appropriate jobs, and employment maintenance.

Supported Employment	Admitted	Served
	35	362

Attendant Care Services

Services are provided to meet the daily living requirements of individuals and to help ensure adequate support so the individual can be maintained at home or in the community. **In FY 2008, 614 individuals were served.**

Behavioral Support/Intervention

Services are designed for people who have behavior problems so severe that they are not benefiting from their current services or for those who are so disruptive, they will have to be removed from that environment for their safety and that of others. **In FY 2008, 11 individuals were served.**

Day Habilitation

Day Habilitation is a community program for people who typically are more severely involved and require a greater degree of assistance with activities of daily living. **In FY 2008, 319 individuals were served.**

In-Home Companion Respite

Services are provided to individuals on a short-term basis for the purpose of giving the family a break. **In FY 2008, 309 individuals were served.**

In-Home Nursing Respite

In-home Nursing Respite services are provided to individuals on a short-term basis for the purpose of giving the family a break. **In FY 2008, 219 individuals were served.**

Occupational Therapy, Physical Therapy and Speech/Language Therapy

These therapies are provided by therapists licensed according to state law for their respective duties and regulations and are approved Medicaid providers. **In FY 2008, 91 individuals were served.**

Prevocational Services

Services are designed to lead to vocational skill development in order to obtain community employment. **In FY 2008, 836 individuals were served.**

Support Coordination

Services are designed to assist individuals in accessing services in the community which meet their individual needs and prevent or delay placement away from their home and community. **In FY 2008, 2,071 individuals were served.**

The mission of the **Mississippi Council on Developmental Disabilities** (MS CDD) is to “promote quality of life for people with developmental disabilities, their families, and the community at large.” Improvement in quality of life is provided through Council-funded initiatives that have the potential for replication, thus creating system’s change. Each MS CDD grant program represents a catalyst for change and focuses on advocacy activities through one of nine areas of emphasis as required by the Administration on Developmental Disabilities.

Mississippi Council on Developmental Disabilities Highlights for FY 2008

Trainings Provided

The *Professional Support, Professional Service* program for Direct Support Professionals grew to 1,356 participants. A benchmark was approved by the State Personnel Board for all individuals who complete the twelve core courses as specified through the College of Direct Support.

More than 100 people were trained on inclusive recreation by the initiative at University of Southern Mississippi entitled, *Sharing Mississippi’s Unique and Progressive Programs on Recreation Inclusion*.

Meetings and Conferences

Quarterly board meetings for the self-advocacy initiative, *My Voice, My Choice*, were held. The Council had 30 self-advocates who attended advocacy conferences in Mississippi. Both Council initiatives are implemented by the Arc of Mississippi. More than 100 individuals attended the first conference of the Mississippi Association for Providing Supports in Employment (APSE) in September.

Backyards and Beyond

The accessible and inclusive art exhibition entitled, *Mississippians and Their Stories: Exhibiting Inclusion* through the non-profit organization, Backyards and Beyond, leveraged more than \$130,000 from additional funding partners.

Call Center Software

The *Call Centers for Transportation Assistance* program through Warren-Yazoo Mental Health Services finalized call center software which will continue to improve individualized transportation.

Educational Programs/Policies

A total of 19 new educational programs/policies were created and/or improved through the *Project Access* program, implemented by the Mississippi State Board for Community and Junior Colleges.

DMH administers the public system of **alcohol and drug abuse prevention and treatment services** in Mississippi through the Bureau of Alcohol and Drug Abuse Services. These services are provided through a statewide network, which includes state-operated facilities, regional community mental health centers, and other nonprofit community-based programs.

Alcohol and Drug Abuse Services Highlights for FY 2008

State Prevention Framework State Incentive Grant

Prevention staff administered the State Prevention Framework State Incentive Grant (SPF-SIG) by awarding 21 recipients. Priorities of the SPF-SIG included filling existing gaps with evidence-based programming and measuring progress in reducing substance abuse. The Specific Strategic Prevention Framework Plan was revised for prevention services to include workforce development objectives and implementation of science-based prevention and evaluation. Implementation of a targeted marijuana initiative, implementation of a targeted underage drinking campaign and implementation of a methamphetamine initiative were carried out by the prevention staff, and all initiatives are ongoing throughout the state.

MS School for Addiction Professionals

In January, the prevention staff hosted the first annual Mississippi School for Addiction Professionals in Hattiesburg with more than 200 participants. Participants were provided the latest information on research, technology and practical strategies in alcohol, tobacco and other drugs (ATOD) and related fields. Participants also had access to a regional and national network of treatment and prevention leaders and participants.

Trainings Provided

Workshops and technical assistance were provided by staff to service providers throughout the state upon request. Also, trainings on the SAPT Block Grant and Cultural Appropriateness for the Service Delivery System were provided to service providers.

Employee Assistance Program

The Employee Assistance Program is also a part of the Bureau of Alcohol and Drug Abuse. With the Bureau's assistance, Employee Assistance Programs have been developed and implemented in 2008 in several state agencies as well as City Councils and County Boards of Supervisors.

DUI Assessment

An individual must complete the process of a diagnostic assessment in order to see if treatment is warranted. An approved DMH diagnostic assessment instrument is administered. The result of the assessment is evaluated as well as the client intake assessment. The BAC (Blood Alcohol Content) report and the motor vehicle record are reviewed and fourthly, collateral contacts and if appropriate other clinical observations are recorded. After the completion of the process, if the individual needs treatment, the offender is placed in an appropriate treatment setting. A total of 2,656 DUI offenders were admitted.

Alcohol and Drug Abuse Services

The Bureau of Alcohol and Drug Abuse provides a statewide continuum of comprehensive, accessible and affordable community-based substance abuse prevention and treatment services that meet the needs for services identified by the state.

Services include:

Services Provided	Number Served FY2008
Community-based adult primary residential services	3,338
Community-based adolescent primary residential services	231
Inmates at the MS Department of Corrections	1,698
Community-based adult transitional residential services	827
Community-based general outpatient services	18,543
Community-based adult intensive outpatient services	1,254
Community-based adolescent intensive outpatient services	167
Community-based outreach/aftercare services	4,166
Adult dually diagnosed services	10,991
Vocational rehabilitation services for transitional treatment services	124
DUI offenders admitted to treatment	2,656
Prevention services	89,969

The Bureau of Workforce Development and Training is responsible for coordination of the human resources, staff training and staff certification.

Focus

The Mississippi Department of Mental Health's Accelerated Leadership Development Program, "Focus," offers a unique opportunity for employees to hone their skills in order to achieve greater and higher personal performance and self-awareness.



The goal is to help DMH employees reach maximum capacity and to develop "bench strength" for the agency. The experience challenges participants to grow to new heights in both ability and attitude. "Focus" lasts 12-18 months and involves four multi-day retreats. Participation in "Focus" is strictly voluntary and is not a guarantee of a promotion or increase in salary.

In FY 2008, 60 DMH staff were selected to take part in two Focus groups. The pilot Focus group graduated from the program in May 2008.

"Focus" gives participants the following opportunities:

- undergo comprehensive competency and career assessments
- participate in leadership activities designed to enhance personal and organizational leadership capabilities
- stretch and enlarge technical and leadership skills
- network with Department leaders
- receive professional coaching and feedback

Professional Development

DMH provides opportunities for personal growth and continuing education opportunities to its professional staff while actively promoting education. An annual needs assessment is conducted at each facility, and a training plan is implemented from the identified areas of need.

During FY 2008, DMH (through its facilities and programs) taught 34,649 courses, providing 56,214 hours of training to 10,273 employees. These figures to 5.47 hours per capita.

The courses included: Active Treatment, Abuse/Neglect, Behavior Management, Client/Patient Rights, Emergency/Safety, Food Service, Mental Health, Nutrition/Feeding, Personnel Issues, Nursing Care, Therapeutic Interventions, and Direct Care Training. On a continuous basis, Professional Development is offered to the following disciplines using Evidence-based Practice (EBP): Alcohol and Drug Counselors, Dieticians, Medical Records Clerks, Nursing, Nursing Home Administrators, Social Work, Speech Pathology, Recreational Therapy, Psychology, Psychiatry, Physicians, Physical Therapy, Teachers, Pharmacy, and Licensed Professional Counselors.

Professional Licensure and Certification (PLACE)

By June 30, 2008, the Division of Professional Licensure and Certification had received, processed and awarded:

- ♦ a total of 1,892 credentials in the Mental Health Therapist Program,
- ♦ a total of 488 credentials in the Mental Retardation Therapist Program,
- ♦ a total of 23 credentials in the Addiction Counselor Program,
- ♦ a total of 600 credentials in the Case Management Certification Program, and
- ♦ a total of 121 credentials in the Licensed Mental Health/Mental Retardation Administrator Program.

In FY 2008, DMH participated in interagency planning and preparedness activities. Training on disaster behavioral health and psychological first aid was made available through a partnership between the Division of Disaster Preparedness and Response and the Central United States Earthquake Consortium.

Through a partnership with the Mississippi State Department of Health, Office of Emergency Planning and Response, the first statewide conference focusing on disaster behavioral health was held in Natchez in May 2008. More than 150 individuals representing the fields of mental health, public health and emergency management attended this conference.

Additionally, the *Mississippi Mental Health Field Intervention Guide* was developed and produced for use by mental health and non-mental health professionals participating in disaster/emergency response. The field intervention guide includes key disaster mental health concepts, common responses to trauma, key intervention skills and the core actions for the delivery of Psychological First Aid.

Additional Disaster-Related Activities

- DMH partnered with the Centers for Disease Control's Disaster Surveillance Workgroup to examine mental health surveillance post-disaster.
- DMH serves on the Advisory Panel for the Behavioral Health Grant Program of the American Red Cross's Hurricane Recovery Program.

“What a Difference a Friend Makes”

Statewide Anti-Stigma Campaign

In an effort to dispel the stigma associated with mental illness, DMH in conjunction with the Substance Abuse and Mental Health Services Administration (SAMHSA) launched the statewide Anti-Stigma Campaign, “What a Difference a Friend Makes” in 2007. The campaign is designed to decrease the negative attitudes that surround mental illness and encourage young adults to support their friends who are living with mental health problems.

DMH facilities, community mental health centers, mental health associations and other organizations across the state are joining in the effort to dispel the stigma associated with mental illness. DMH presented information to more than 50 schools, colleges and other organizations. More than 15,000 brochures were distributed in FY 2008. In total, more than 700,000 people were touched by the campaign.



“People with mental illness can recover or manage their conditions and lead productive lives. They contribute to society and make the world a better place. However, one of the most important factors in their recovery is the understanding and acceptance of friends.”

-DMH Executive Director, Edwin C. LeGrand III



Youth Suicide Prevention Campaign

Youth Suicide Prevention

The Mississippi Department of Mental Health was a recipient of a SAMHSA Hurricane Katrina-related Youth Suicide Prevention and Early Intervention Grant. Implementation of this grant began in FY 2007. The Director of the Division of Disaster Preparedness and Response is also the State Project Director for this grant.

The Mississippi Hurricane Katrina-related Youth Suicide Prevention and Intervention Project is addressing the serious need to strengthen Mississippi's response to the post-Hurricane Katrina mental health needs by implementing an awareness campaign for suicide prevention and intervention, training gatekeepers in recognizing the signs and symptoms of suicide, training gatekeepers and community partners in how to apply a suicide intervention model, and training mental health clinicians in evidenced-based practices to treat trauma effectively. In an effort to reduce the number of youth suicide attempts, the project includes goals structured into three main components:

Awareness

- Increase the awareness of suicide warning signs and risk factors
- Increase the awareness of the stigma associated with youth suicide and mental illness

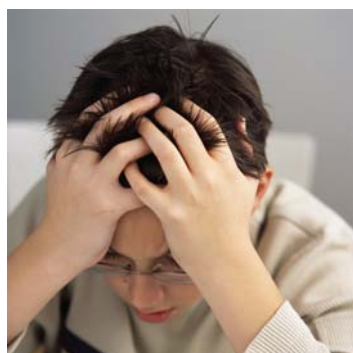
Training

- Provide gatekeeper training and support
- Provide training in trauma informed evidence-based practices

Prevention

- Promote the development of statewide and local infrastructures to address youth suicide prevention
- Prevent youth suicide by effectively addressing trauma experienced by youth

In FY 2008, 76 presentations have been conducted targeting schools, community members and community colleges. More than 6,200 people have been reached by this project. More than 6,300 print materials have been distributed. DMH conducted 211 trainings, utilizing evidence-based curriculums, 43 Signs of Suicide Trainings; 157 Yellow Ribbon Trainings; and, 11 ASIST Trainings.



DMH Budget

DMH's budget for FY 2008 and FY 2007

	FYE 6/30/08	
	Actual	Spending authority
Expenditures		
Salaries and fringe benefits	\$379,058	\$386,415
Travel	1,043	1,204
Contractual services	52,337	56,980
Commodities	46,661	49,374
Capital outlay other than equipment	2,156	3,299
Equipment, vehicles, wireless devices	5,058	6,107
Subsidies, loans and grants	157,445	170,771
Sub-total	643,758	674,150
Other transfers not using spending authority	7,161	
Total expenditures	\$650,919	

	FYE 6/30/07	
	Actual	Spending authority
Expenditures		
Salaries and fringe benefits	\$346,542	\$356,511
Travel	1,345	1,568
Contractual services	49,633	53,805
Commodities	43,904	46,696
Capital outlay other than equipment	1,446	2,614
Equipment, vehicles, wireless devices	5,138	5,681
Subsidies, loans and grants	135,697	149,956
Sub-total	583,705	616,831
Other transfers not using spending authority	471	
Total expenditures	\$584,176	

	FYE 6/30/08	
	Actual	Spending authority
Sources		
Beginning cash	\$24,872	\$10,411
General funds	268,697	268,790
Healthcare expendable funds	13,952	13,952
Court assessment funds	5,072	5,283
Medicaid and other special funds	358,560	380,215
Total collections	646,281	668,240
Total cash available	671,153	678,651
Less ending cash	20,234	4,501
Net sources	\$650,919	\$674,150

	FYE 6/30/07	
	Actual	Spending authority
Sources		
Beginning cash	\$21,400	\$8,978
General funds	235,732	235,733
Healthcare expendable funds	19,217	19,217
Court assessment funds	4,614	5,296
Medicaid and other special funds	328,085	353,003
Total collections	587,648	613,249
Total cash available	609,048	622,227
Less ending cash	24,872	5,396
Net sources	\$584,176	\$616,831

**Consolidated Financial Summary
(In Thousands of Dollars)**

Where We Are Headed In FY 2009

Overall Agency Goals for FY 2009

- Continue public education with the anti-stigma campaign, “What a Difference a Friend Makes,” and the youth suicide prevention campaign, “Shatter the Silence.”
- Secure additional Medicaid Match for Community Mental Health Centers.
- Secure additional funding for the Home and Community-based Waiver for individuals with intellectual and developmental disabilities.
- Continue the shift in priority from inpatient care to community-based services care.