

This is the FY 2004 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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INTRODUCTION

MENTAL HEALTH SERVICES FOR CHILDREN AND YOUTH DEVELOPMENT

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 mental retardation 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 the Department of Mental Health Minimum Standards for Community Mental Health/Mental Retardation Services.

Prior to 1983, the 15 regional community mental health centers attempted to meet the needs of the population of children/youth with SED through their established outpatient services component which served all populations. In 1980, the State Board of Mental Health established mental health service development for children as a priority by creating the Division of Children & Youth Services within the Department of Mental Health, effective July 1981. The Department established plans for a comprehensive community-based mental health service system for children/adolescents initially in 1982 and has continued efforts to develop programs within that system. Fiscal year 1984 was the first year funds were specifically appropriated by the Mississippi State Legislature for this division. 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, Division personnel seek budgetary resources and direct, supervise, and coordinate the establishment of programs in cooperation with state institutions and with community-based service providers.

The Division also serves as the locus of responsibility at the state level to improve the availability of and accessibility to appropriate, community-based services across child service systems for children and youth with serious emotional disorders and their families. Recognizing the wide array of services needed by these children and their families, Division staff seek to put into place a coordinated, cohesive system of care which will be child-centered and family focused through activities focusing on local and state infrastructure building, technical assistance to providers and others, and public awareness and education.

The majority of funding for public mental health services for children and adolescents delivered through the 15 CMHCs and several DMH-certified, non-profit providers is administered by the Department through the Division of Children and Youth Services. 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. State Match dollars for Medicaid reimbursement for mental health services are allocated annually by the State Legislature to the

Department of Mental Health.

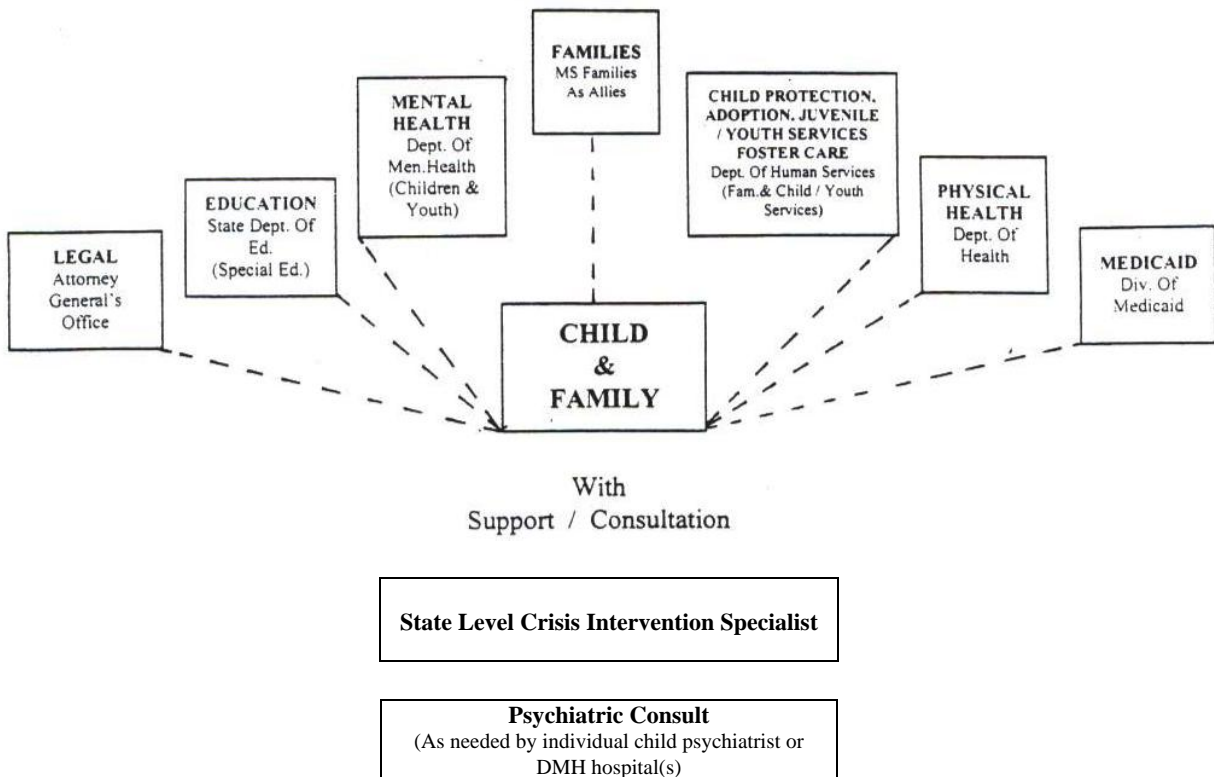
Prior to 1990, Medicaid reimbursable outpatient services for children and youth with serious emotional disorders (SED) delivered through the 15 CMHCs included individual, group and family therapies. In 1990, day treatment and case management were added as Medicaid-reimbursable services.

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 child-centered and family focused 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 a effort to make those services needed accessible and appropriate for each child and family. CMHCs, the State-Level Case Review Team and several local Multidisciplinary Assessment and Planning (MAP) Teams (see pages 3-4), crisis lines, and other child-serving agencies and task forces assist the child/youth and family to access the system of care. Additionally, development of assessment of daily functioning in the home, community and school is being developed in several regions of the state through administering brief assessments of functioning with instruments such as the Child and Adolescent Functional Assessment Scale (CAFAS) and/or the Mississippi Brief Inventory of Functioning (BIF).

Also, 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 two adolescent inpatient psychiatric units within state psychiatric hospitals are Oak Circle at MS State Hospital at Whitfield and the Bradley A. Sanders Adolescent Complex at East MS State Hospital. The adolescent unit at East MS State Hospital is designated as the one DMH-operated hospital unit to serve 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. Both hospitals operate schools which have approved status by the State Department of Education as special schools. Prior to discharge, hospital staff work with and recommend to the local school personnel appropriate services to transition the child back into the community and local school.

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 33)
 - Typical history of more than one out-of-home psychiatric treatment
 - Appears to have exhausted all available services/resources in the community and/or in the state
 - 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: 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 and:
 - 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.
 - Children with SED who are returning to a primary caregiver in the community from an inpatient acute psychiatric hospital or psychiatric residential treatment facility are also included in the target population to be served by MAP Teams.
 - Children/youth who are SED/SMI who are of transition age (14-21) and need assistance with resource planning to remain in the community.
 - Younger children (ages 3-5 years) who have been identified as being most at-risk of later SED, as per the MAP Team At-Risk Screening Checklist, can also be assisted with identifying and accessing community resources by the local MAP Team. However, MAP Team funds cannot be used for these children at this time.
- Primary Tasks:
 - The **first priority** of the MAP Teams is to review cases concerning children and youth (ages 5 to 21) 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 3-5), who have early behavioral and peer relationship problems and two or more of the factors identified on the “MAP Team At-Risk Checklist”.
 - 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 for appropriately remaining 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
 - Local Department of Rehabilitation Services
 - Local Health Department Representatives
 - Others (varies from team to team)
 - Ministers
 - Youth leaders
 - Other representatives of children/youth family service groups or organizations

Currently, there are local-level MAP Teams located in the following 33 counties: Adams, Alcorn, Benton, Bolivar, Chickasaw, Clay, Coahoma, DeSoto, Forrest, George, Hancock, Harrison, Hinds, Itawamba, Jackson, Jones, Lamar, Lauderdale, Lee, Leflore, Lincoln, Monroe, Noxubee, Pearl River, Pontotoc, Rankin, Sunflower, Tallahatchie, Tunica, Warren, Washington, Wilkinson and Yazoo (see Contacts List, page 6).

**MAP Team Contacts List by CMHC Region
(Rev. 04/27/04)**

1.	Coahoma County	Coordinator:	Ron Earl, Region 1 CMHC	662-627-7267
	Tallahatchie County	Coordinator:	Thelma Hubbard, Region 1 CMHC	662-647-0099
	Tunica County	Coordinator:	Belinda Lunford, Region 1 CMHC	662-363-5999
2.	DeSoto	Coordinator:	Maureen McGowan, Region 2 CMHC	662-234-7521
3.	Benton County	Coordinator:	Phyllis Warren, Region 3 CMHC	662-844-1717
	Chickasaw County	Coordinator:	Phyllis Warren, Region 3 CMHC	662-844-1717
	Itawamba County	Coordinator:	Phyllis Warren, Region 3 CMHC	662-844-1717
	Lee County	Coordinator:	Phyllis Warren, Region 3 CMHC	662-844-1717
	Monroe County	Coordinator:	Phyllis Warren, Region 3 CMHC	662-844-1717
	Pontotoc County	Coordinator:	Phyllis Warren, Region 3 CMHC	662-844-1717
4.	Alcorn County	Coordinator:	Nikki Tapp, Reg. 4 CMHC	662-286-5868
5.	Washington County	Coordinator:	Amy Wilkinson, Reg. 5 CMHC	662-335-5274
	Bolivar County	Coordinator:	Shatanner M. Brown, Reg. 5 CMHC	662-843-9445
6.	Leflore County	Coordinator:	Loria Gardner, Reg. 6 CMHC	662-453-6211
	Sunflower County	Coordinator:	Margaret McIntyre, Reg. 6 CMHC	662-887-5441
7.	Clay County	Coordinator:	Stephanie Taylor, Reg. 7 CMHC	662-494-7060
	Noxubee County	Coordinator:	Gloria Gunter, Reg. 7 CMHC	662-726-5042
8.	Rankin County	Coordinator:	Richard McMullan, Reg. 8 CMHC	601-825-0342
9.	Hinds County	Coordinator:	Jo Turlington, Catholic Charities	601-948-4493
10.	Lauderdale County	Coordinator:	John Roberge, Reg. 10 CMHC	601-483-4821
11.	Adams County	Coordinator:	Martha Mitternight, Catholic Charities	601-442-4579
	Lincoln County	Coordinator:	Edna Harvey, Reg. 11 CMHC	601-888-7009
	Wilkinson County	Coordinator:	Edna Harvey, Reg. 11 CMHC	601-888-7009
12.	Forrest County	Coordinator:	Sharon DeBerry, Reg. 12 CMHC	601-582-1149
	Jones County	Coordinator:	David Black, Reg. 12 CMHC	601-649-7921
	Lamar County	Coordinator:	Sharon DeBerry, Reg. 12 CMHC	601-582-1149
13.	Hancock County	Coordinator:	Vicki Revell-Smith, Region 13 CMHC	228-467-1881
	Harrison County	Coordinator:	Chuck Bennett, Region 13 CMHC	228-863-1132
	Pearl River County	Coordinator:	Linda Hanberry, Life Resource Center	601-798-0832
14.	George County	Coordinator:	Linda Farley, Region 14 CMHC	601-947-4274
	Jackson County	Coordinator:	Kathy Best, Jackson County Children's Services Coalition	228-522-1965
15.	Warren County	Coordinator:	Kay Lee, Vicksburg Family Development Services	601-638-1336
	Yazoo County	Coordinator:	Suzanne Lancaster, Region 15 CMHC	662-746-5712
	State-Level MAP Team	Coordinator:	Monte Beall, Region 12 CMHC	601-582-1149

I. MISSISSIPPI IDEAL SYSTEM MODEL FOR MENTAL HEALTH SERVICES FOR CHILDREN AND YOUTH

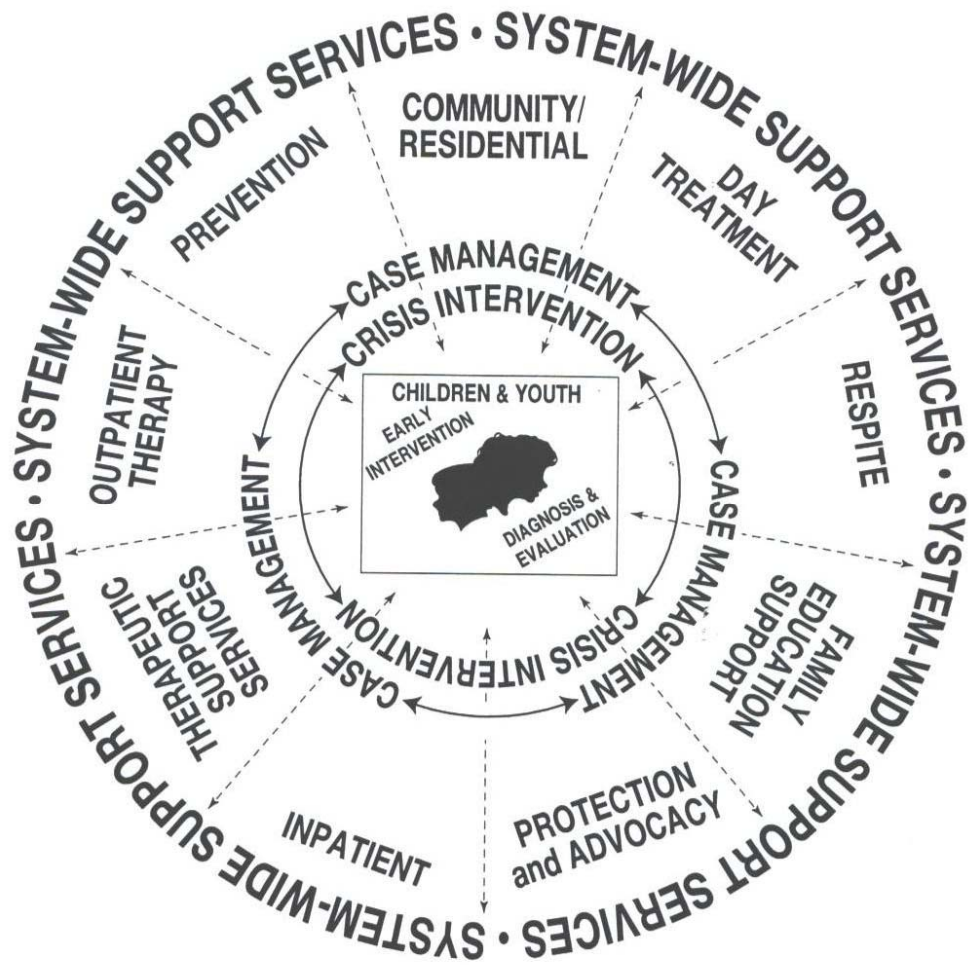
The model for the ideal comprehensive community mental health service system for children and youth with serious emotional disorders in Mississippi is child-centered. With the needs of the child at the center, specific mental health services can be identified/selected based on the individual needs of the child. In the model, case management serves as the facilitator for access to other mental health services, as well as the coordinator for the delivery of the varied and changing services. The arrows represent the flexibility that must be present when moving into, across, or out of services.

The model for this ideal system is community-based with advocacy and support networks impacting the design and operation of the system. It includes the following major components:

- Community-Based Prevention and Identification Services
- Community-Based Nonresidential Treatment Services
- Community-Based Residential Services
- Inpatient
- Operational Services
- Advocacy and Protection
- Other Support Services

IDEAL SYSTEM MODEL

Mississippi Comprehensive Community Mental Health System
for
Children With Serious Emotional Disturbance



CHARACTERISTICS OF THE SYSTEM

- Child and Family-Centered
- System Access and Coordination Through Case Management
- Arrows Represent Easy Transition In, Across, and Out of Service
- System is Community-Based
- Emphasizes Both Service Availability and Advocacy and Support Networks

IDEAL SYSTEM MODEL DESCRIPTION OF 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.

Services for these children and adolescents are provided in various types of settings and facilities. To be effective, the services provided need to be comprehensive, encompassing routine examinations and follow-up care for any identified problems. Certain populations of children and youth within the education, health, welfare, and juvenile justice systems who demonstrate specific needs and characteristics also would be considered at risk for being severely emotionally disturbed. In response to the changing nature of problems faced by children and youth, a broad array of services must be brought into the system of care. Preventive mental health programs represent one of the most prominent components of this array.

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 in 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, outpatient psychiatry departments of hospitals, health maintenance organizations, and other non-profit child service agencies. The services frequently are provided in the private offices of mental health professionals, including psychiatrists, psychologists, social workers and counselors.

The types of Outpatient Services to be developed in Mississippi include:

General - Provided in a clinic setting.

Home Based - Intensive, short-term therapy 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.

Home Based/Crisis Intervention - Intensive, short-term therapy 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 youngster 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 the youngsters.

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 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.

Therapeutic Foster Homes

These provide residential mental health services to emotionally disturbed children or adolescents in a family setting, utilizing specially trained foster parents. Therapeutic 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 youngsters 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 made 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 programs 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 usually 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.

Local Inpatient Treatment (Local General Hospital)

The use of short-term placement largely is for crisis stabilization in cases where a child or adolescent is in acute distress and possibly presenting a danger to himself or others. In this case, hospitalization may last for only a few days and will probably be in the general hospital and not necessarily a psychiatric hospital.

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.

Case Management

This is a wrap-around component of the system of care that provides service to children and adolescents in any of the treatment settings or prevention/early intervention programs. It involves brokering services for individual youngsters, advocacy on their behalf, ensuring that an adequate treatment plan is developed and is being implemented, reviewing client progress, and coordinating services. Case Management involves aggressive outreach to the child and family in working with them and with numerous community agencies.

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 Division personnel, through such agencies as the Mississippi Families As Allies Parent network and the Mississippi Protection and Advocacy Center, and through local parent support groups.

II. DIRECTORY OF SERVICE PROVIDERS

The following is a directory of the programs for children and adolescents funded and/or certified through the Bureau of Mental Health, Department of Mental Health in fiscal year 2004.

NON-RESIDENTIAL PROGRAMS

<u>Service Provider</u>	<u>Program</u>
Catholic Charities, Inc. 530 George Street Jackson, MS 39202 c/o: Jo Turlington Linda Raff, Executive Director	Family Crisis Intervention Emergency Crisis Response and Aftercare Phone: (601) 948-4493, Ext. 121 Fax: (601) 960-8493
Community Counseling Services P. O. Box 1188 Starkville, MS 39760-1188 c/o: Stephanie Taylor Jackie Edwards, Executive Director	Intensive Crisis Intervention Crisis Intervention/Emergency Response Crisis Hotline: 1-800-890-3127 Phone: (662) 494-7060 Fax: (662) 494-7533
Exchange Club of Vicksburg Child Abuse Prevention Center 2732 Washington Street Vicksburg, MS 39180 c/o: Shaheena Haque, Director	Prevention/Early Intervention Phone: (601) 634-0557 Fax: (601) 634-0093
The Family Support Center of Metro Jackson 620 North Street, Suite 108 Jackson, MS 39202-3140 c/o: Mike Lee, Executive Director	Prevention/Early Intervention (Teen Parent Education Program) Phone: (601) 944-1055 Fax: (601) 944-1273
Gulf Coast Mental Health Center 1600 Broad Avenue Gulfport, MS 39501-3603 c/o: Shelley Foreman Jeffrey L. Bennett, Executive Director	Intensive Crisis Intervention (1 Harrison County site <u>only</u>) Phone: (228) 863-1132 Fax: (228) 865-1700
Gulf Coast Women's Center P. O. Box 333 Biloxi, MS 39533 c/o: Dee Hutchinson Jane Philo, Director	Crisis Intervention Phone: (228) 436-3809 Fax: (228) 435-0513

Service Provider

Program

MS Children's Home Society
& Family Service Assn.
P. O. Box 1078
Jackson, MS 39205
c/o: Jerry Jackson
Chris Cherney, Executive Director
Phone: (601) 352-7784
Fax: (601) 968-0021

Mississippi Families As Allies, Inc.
(Statewide Family Education & Support
Organization)
5166 Keele Street, Bldg. A
Jackson, MS 39206
c/o: Tressa Eide
Tessie Schweitzer, MSW, Executive Director

Pine Belt Mental Healthcare Resources
P. O. Drawer 1030
Hattiesburg, MS 39403
c/o: Mona Gauthier
Jerry Mayo, Executive Director

Pine Belt Mental Healthcare Resources
P. O. Drawer 1030
Hattiesburg, MS 39403
c/o: Morris Poole
Jerry Mayo, Executive Director

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

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

Intensive Outpatient for Chemically
Dependent Adolescents
(The ARK, M & F, ages 12-17)
Jackson, MS
Phone: (601) 355-0077
Fax: (601) 355-3703

Respite/Crisis Intervention
Family Education
Phone: (601) 981-1618
(800) 833-9671
Fax: (601) 981-1696

Crisis/Emergency Response
Sexual Abuse Intervention
Phone: (601) 582-1111 (children's center)
(601) 544-4641
Fax: (601) 582-1607

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

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

Prevention/Early Intervention
Intensive Crisis Intervention
Crisis Interv./Emergency Response
Phone: (601) 824-0342
Fax: (601) 824-0349

Service Provider

Program

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.

Therapeutic Nursing and
Coordination Services
Phone (Admin.): (662) 286-9883
Fax (Admin.): (662) 284-9836

Children's Coord: (662) 286-5868
" " Fax: (662) 286-8095

Vicksburg Family Development Service
P. O. Box 64
Vicksburg, MS 39180
c/o: Kay Lee, Director

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

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

OTHER DMH-CERTIFIED NON-RESIDENTIAL PROGRAMS
(Non-DMH Funded)

Service Provider

Program

Adams County Coalition
for Children & Youth
P. O. Box 1371
Natchez, MS 39122
c/o: Joe Wild, A.O.P. Director
Phone: (601) 445-7953
Fax: (601) 445-7958

A.O.P. Day Treatment

Hinds County Human Resource
Agency
P. O. Box 22657
Jackson, MS 39225-2657
c/o: Patricia Colwell, Coordinator
Kenn Cockrell, Executive Director
Phone: (601) 923-3930
Fax: (601) 923-3925

A.O.P. Day Treatment

Service Provider

Program

MS Children's Home Society
 & Family Service Assn.
 P. O. Box 1078
 Jackson, MS 39205
 c/o: Karen Simmons, Ed.D.
 Chris Cherney, Executive Director
 Phone: (601) 352-7784
 Fax: (601) 968-0021

Gulf Coast Programs
 Intensive In-Home Services
 28281 Road 401
 Saucier, MS 39574
 Phone: (228) 863-4992
 Fax: (228) 863-3348

New Summitt School
 1417 Lelia Drive
 Jackson, MS 39216
 c/o: Nancy Boyll, Executive Director
 Phone: (601) 982-7827
 Fax: (601) 982-0080

Day Treatment

Youth Villages
 P. O. Box 431154
 Memphis, TN 38184-1154
 c/o: Jane Hemphill, MCRS Director
 Phone: (901) 252-7665
 Fax: (901) 252-7680
 (Referrals: 1-877-983-6767)

"Intercept" Case Management
 Program for Children and Youth
 Jackson and Tupelo, MS

RESIDENTIAL PROGRAMS

<u>Service Provider</u>	<u>Program/Site</u>	<u>Sex/Age</u>
Catholic Charities, Inc. 530 George Street Jackson, MS 39202 c/o: Kelly Wilson Linda Raff, Executive Director Phone: (601) 948-4493, Ext. 102 Fax: (601) 960-8493	Therapeutic Foster Care Homes Jackson, MS	M & F ages 5-17
Catholic Charities, Inc. 530 George Street Jackson, MS 39202 c/o: Jo Turlington Linda Raff, Executive Director Phone: (601) 948-4493, Ext. 121 Fax: (601) 960-8493	Hope Haven (Crisis Therapeutic Group Home) Jackson, MS Phone: (601) 376-0500	M & F ages 12-17

<u>Service Provider</u>	<u>Program</u>	<u>Sex/Age</u>
Community Counseling Services	CART House (Residential)	Males

P. O. Box 1188
Starkville, MS 39760-1188
c/o: Dr. Rufus Munn
Jackie Edwards, Executive Director
Phone: (662) 323-9261
Fax: (662) 323-9380

Treatment Chemically
Dependent Adolescents)
Starkville, MS
Phone: (662) 324-9613
Fax: (662) 324-9616

ages12-17

Community Counseling Services
P. O. Box 1188
Starkville, MS 39760-1188
c/o: Diane Sparks
Jackie Edwards, Executive Director
Phone: (662) 323-9261
Fax: (662) 323-9380

Parkview Home for Youth
(Therapeutic Group Home)
West Point
Phone: (662) 494-4066
Fax: (662) 494-8399

Females
ages 12-17

Hope Village for Children
2414 23rd Avenue
P. O. Box 26
Meridian, MS 39302
c/o: Stephen Johnson, Executive Director
Phone: (601) 553-8660
Fax: (601) 553-8669

Therapeutic Group Homes
Meridian

M & F
ages 8-16

MS Children's Home Society
& Family Service Assn.
P. O. Box 1078
Jackson, MS 39205
c/o: Jerry Jackson
Chris Cherney, Executive Director
Phone: (601) 352-7784
Fax: (601) 968-0021

The ARK (Residential
Treatment for Chemically
Dependent Adolescents)
Jackson, MS
Phone: (601) 355-0077
Fax: (601) 355-3703

M & F
ages 12-17

MS Children's Home Society
& Family Service Assn.
P. O. Box 1078
Jackson, MS 39205
c/o: Linda White, Program Dir.
Chris Cherney, Executive Director
Phone: (601) 352-7784
Fax: (601) 968-0021

Powers Group Home
(Therapeutic Group Home)
Jackson, MS
Phone: (601) 372-9468
Fax: (601) 968-0021

Females
ages 12-17

Service Provider

Program/Site

Sex/Age

Region One Mental Health Center
P. O. Box 1046

Sunflower Landing
(Residential Treatment

M & F
ages 12-17

Clarksdale, MS 38614
 c/o: Lisa Phelps
 Newton Dodson, Executive Director
 Phone: (662) 627-7267
 Fax: (662) 627-5240

for Chemically
 Clarksdale, MS
 Phone: (662) 624-4905

The Saint Francis Academy,
 Inc., Picayune
 P. O. Box 640
 Picayune, MS 39466
 c/o: Rev. Jervis Burns, Executive Director
 Phone: (601) 798-2418
 Fax: (601) 799-5743

ABLE I, II, and III
 (Therapeutic Group Homes
 for Dually Diagnosed:
 Mild MR and
 Emotional Disorders)
 Phone: (601) 799-5750
 Fax: (601) 799-5743

Males
 ages 12-21

The Saint Francis Academy,
 Inc., Picayune
 P. O. Box 640 4021 Chicot St.
 Picayune, MS 39466
 c/o: Mary Ney-Mathews, ACSW
 Rev. Jervis Burns, Executive Director

Bacot Home for Youth
 (Therapeutic Group Home)
 Pascagoula, MS 39581
 Phone: (228) 769-0477
 Fax: (228) 762-4229

Males
 ages 6-10

Southern Christian Services
 for Children and Youth, Inc.
 1900 North West St., Suite B
 Jackson, MS 39202
 c/o: Kathy Metzger (or Judy Arnett)
 Susannah Cherney, Executive Director
 Phone: (601) 354-0983
 Fax: (601) 352-8638

Therapeutic Group Homes:

- CANA House,
Columbia
- Harden House, Fulton
- Rowland Home for
Youth, Grenada

Females
 ages 15-20

Females
 ages 7-17

Males
 ages 15-20

OTHER DMH-CERTIFIED RESIDENTIAL PROGRAMS
 (Non-DMH Funded)

Service Provider

Program/Site

Sex/Ages

Catholic Charities, Inc.
 530 George Street
 Jackson, MS 39202
 c/o: Mary Sims-Johnson, Ph.D.
 Linda Raff, Executive Director
 Phone: (601) 355-0161

Our House - SAFE PLACE
 (Prevention/Early Intervention)
 Phone: (601) 355-0161

M & F
 ages 12-17

Center for Family Life Extension, Inc.
 1160 McLean Street
 Jackson, MS 39209
 c/o: Charles Chiplin, Ph.D.
 Horace Buckley, M.Ed., Executive Director
 Phone: (601) 354-9948
 Fax: (601) 714-5004

Therapeutic Group Home
 Jackson, MS

Males
 ages 13-18

Millcreek Rehabilitation Center
 P. O. Box 1160
 Magee, MS 39111
 c/o: John Nowlin, LCSW
 Phone: (601) 849-2575
 Fax: (601) 849-6427

Millcreek Therapeutic Home
 Magee, MS

Males
 ages 12-17

MS Children's Home Society
 & Family Service Assn.
 P. O. Box 1078
 Jackson, MS 39205
 c/o: Karen Simmons, Ed.D.
 Chris Cherney, Executive Director
 Phone: (601) 352-7784
 Fax: (601) 968-0021

Gulf Coast Programs
 Therapeutic Foster Care
 28281 Road 401
 Saucier, MS 39574
 Phone: (228) 863-4992
 Fax: (228) 863-3348

M & F
 ages 6-17

Sacred Hearts Ministry for Children
 1307 Martin Luther King Drive
 Belzoni, MS 39308
 c/o: Vivian Wilder, Executive Director
 Miranda Alexander, Program Director
 Phone: (662) 247-1054

Therapeutic Group Home
 Belzoni

Females
 ages 13-17

Service Provider

Senior Services
 4700 Poplar Avenue
 Memphis, TN 38117
 c/o: Mildred Williams

Program/Site

"Stepping Stones"
 (Therapeutic Foster Care)
 P. O. Box 4799
 Jackson, MS 39296

Sex/Ages

M & F
 ages 0-17

Carolyn Webber,
Vice President, Health Serv.

Phone: (601) 353-5544
Fax: (601) 353-3322

United Methodist Ministries
With Children and Families
P. O. Box 2589
Madison, MS 39139-2589
c/o: Matt Wiltshire
Edward O. Theiss,
President and CEO
Phone: (601) 853-5000
Fax: (601) 853-5010

Therapeutic Foster Care
Madison, MS M & F
Birth - 17

Bass Group Home
(Therapeutic Group Home)
Clarksdale, MS Females
ages 12-17

Gulf Coast Girls Home
(Therapeutic Group Home)
Gulfport, MS Females
ages 12-17

Hannah's House
(Therapeutic Group Home)
Columbus, MS Females
ages 12-17

McCarty House
(Therapeutic Group Home)
Ellisville, MS Males
ages 12-17

Monroe Group Home
(Therapeutic Group Home)
Amory, MS Males
ages 12-17

Pendleton Group Home
(Therapeutic Group Home)
Natchez, MS Males
ages 12-17

Youth Villages
P. O. Box 431154
Memphis, TN 38184-1154
c/o: Jane Hemphill, MCRS Director
Phone: (901) 252-7665
Fax: (901) 252-7680
(Referrals: 1-877-983-6767)

"Families" Therapeutic Foster
Care Program M & F
Jackson and Tupelo, MS ages 4-18

INPATIENT SERVICES

DMH-Operated

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 next page shows the counties which are in each hospital's catchment area.

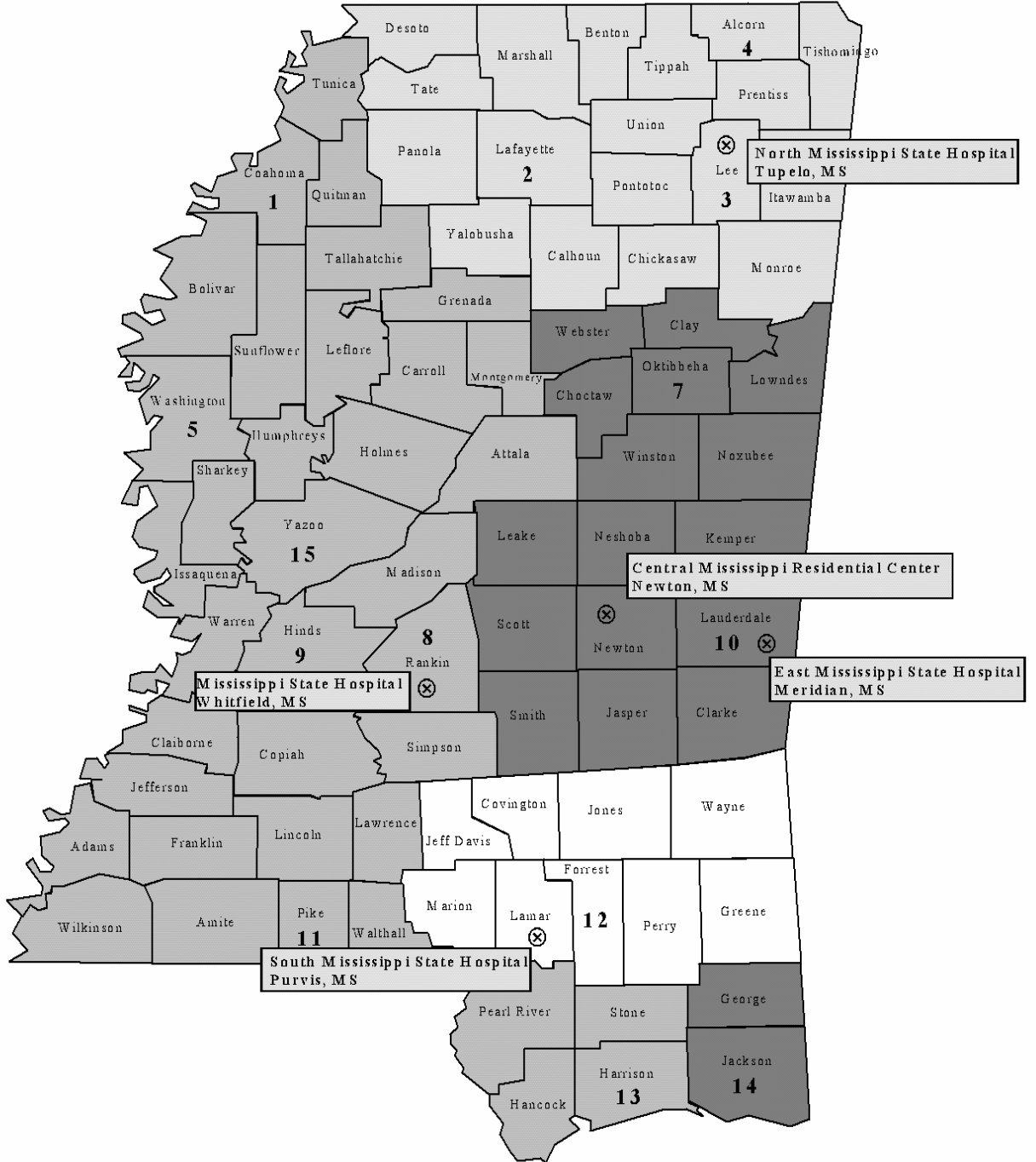
East Mississippi Hospital was first designated to house a short-term (up to 90 days) Adolescent Unit in 1982. In July 2002, the new Bradley A. Sanders Adolescent Complex opened. This 50-bed unit is designed to provide short-term inpatient psychiatric, psychological, educational, social, and active therapies. The unit is designed to accept adolescents (males ages 12-17) whose presenting psychiatric condition includes incapacitating personality and psychoneurotic disorders (e.g., conduct, oppositional, and identity disorders, impulse control difficulties). The unit also provides hospital-based alcohol and drug treatment for chemically dependent adolescents. Adolescents are admitted provisionally to the unit until evaluations are received and completed and results indicate the placement in the unit is appropriate and beneficial to the youth. For further information, please call: (601) 482-6186 Fax: (601) 483-5543.

Mississippi State Hospital at Whitfield opened the Oak Circle Center in 1992 and moved into its present, 60-bed building in May, 1996. There are five units: one 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 youngsters ages 12-18 whose presenting psychiatric condition includes incapacitating personality and psychoneurotic disorders (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.

CMHC-Operated

Diamond Grove Center, Community Counseling Services' (Region VII CMHC) psychiatric inpatient facility located in Louisville, MS, opened in April of 1997. The facility offers comprehensive, family-focused psychiatric treatment for children and adolescents with serious emotional, behavioral and psychological difficulties. The 20-bed Acute Program provides intensive psychiatric services to children/adolescents ages 5 - 17 years, 11 months. All beds are Medicaid-eligible. Diamond Grove Center holds Accreditation with Commendation from the Joint Commission for the Accreditation of Health Care Organizations and is licensed by the Mississippi State Board of Health. For further information, please call: 1-888-349-6884. Fax: (662) 779-0126.

State-Run Psychiatric Facilities



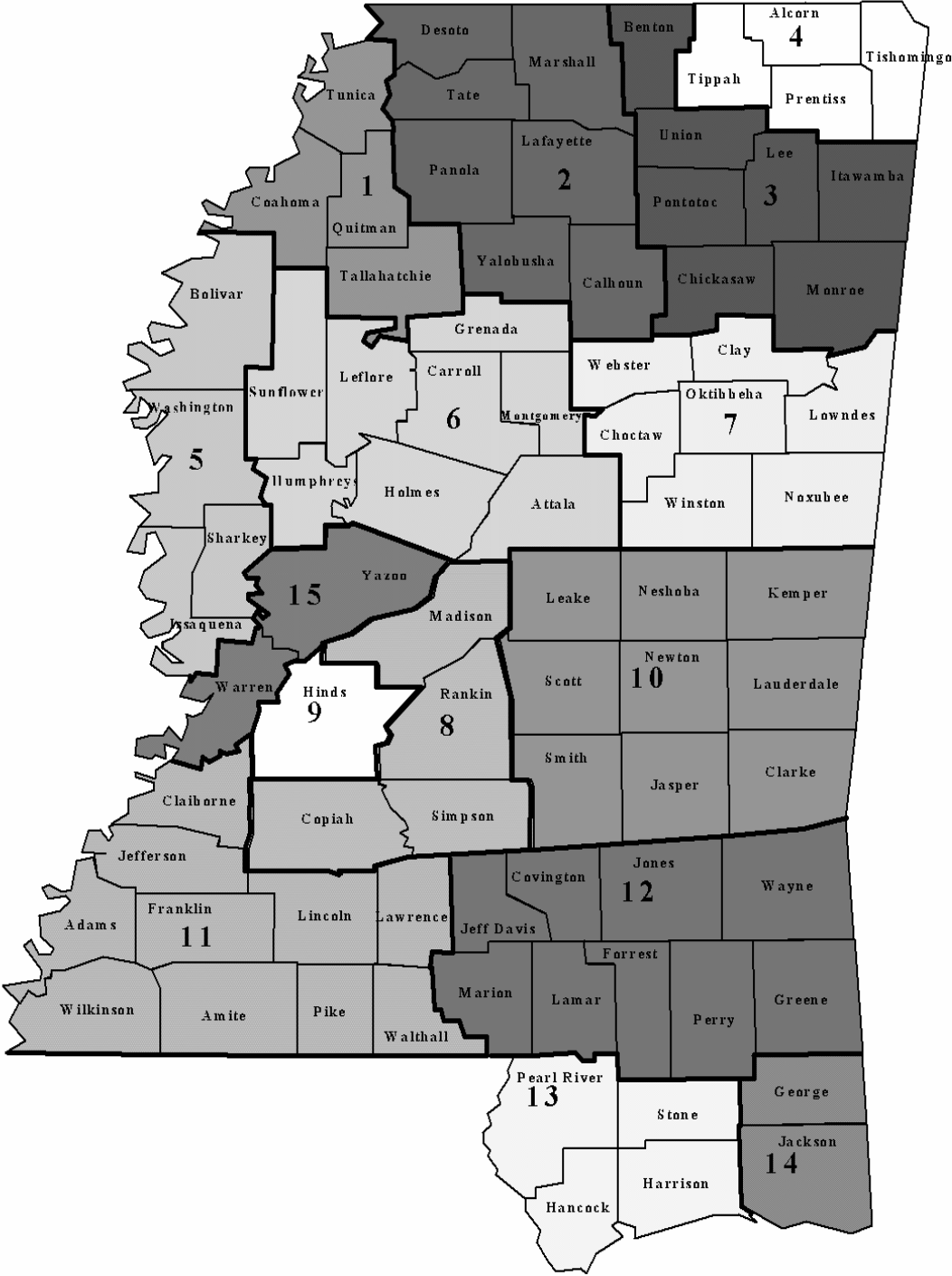
SERVICE DELIVERY MODEL
COMMUNITY MENTAL HEALTH SERVICES FOR CHILDREN IN MISSISSIPPI

The following services represent the array that is available through the fifteen regional community mental health centers in the state:

1. Preventive Mental Health 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 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.
2. Diagnostic and Evaluation Services: Encompasses 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.
3. Outpatient Mental Health Services: Includes individual, group, and family therapy and parent education classes.
4. Intensive Crisis Counseling: Aimed at maintaining the child in his or her home and school environments during a crisis situation.
5. Case Management: A service that facilitates access to services for children and adolescents across providers, agencies, and/or other entities necessary for serving each child and meeting the individual and varied needs of each child and family. It involves brokering services for individual youngsters, advocacy on their behalf, ensuring that an adequate treatment plan is developed and is being implemented, reviewing client progress, and coordinating services. All children with a serious emotional disorder and receiving substantial public financial assistance must be offered case management.
6. Day Treatment: Offers therapeutic services for children who have been diagnosed as seriously emotionally disturbed and who may be participating in a daily school program for emotionally handicapped children.
7. Therapeutic Foster Homes: Provide residential mental health services to emotionally disturbed children in a family setting, utilizing specially trained foster parents.
8. Therapeutic Residential Treatment: Provides residential mental health services to children who are capable of functioning satisfactorily in a group home and thus avoid institutionalization.
9. Inpatient Treatment
 - Local Inpatient Treatment (Local General Hospital): Provides short-term community-based psychiatric inpatient treatment for crisis stabilization in cases where a child or adolescent is in acute distress.

- Psychiatric Hospital Care (Specialized Psychiatric Hospital): Provides intensive psychiatric services to more severely disturbed children in a specialized psychiatric residential setting designed to provide either acute, short-term or longer-term treatment.
- Alcohol and Drug Treatment (Specialized Substance Abuse Hospital Programs): Provides hospital-based alcohol and drug treatment for chemically dependent adolescents in which medical staff are active, permanent members of the treatment team.

Community Mental Health/Mental Retardation Center Service Areas



REGIONAL MENTAL HEALTH - MENTAL RETARDATION CENTERS

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

Newton B. Dodson, Executive Director
Diane Youngblood, Children's Coordinator
Nikki Causey, Day Treatment Specialist
Region One Mental Health Center
1742 Cheryl Street
P. O. Box 1046
Clarksdale, Mississippi 38614
Phone: (662) 627-7267
Fax: (662) 627-5240

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

Michael D. Roberts, Ph.D., Executive Director
Maureen McGowan, Children's Coordinator
Communicare
152 Highway 7 South
Oxford, Mississippi 38655
Phone: (662) 234-7521
Fax: (662) 236-3071

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

Drue Sutherland, Executive Director
Rita Berthay, Children's Services Coordinator
Kelly Burrow, Children's Services Coordinator
Region III Mental Health Center
2434 S. Eason Boulevard
Tupelo, Mississippi 38801
Phone: (662) 844-1717
Fax: (662) 680-6416

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

Charlie D. Spearman, Sr., Executive Director
Nikki Tapp, Children Services Coordinator
Timber Hills Mental Health Services
601 Foote Street (Clinical Services) /303 North Madison St. (Admin.)
P. O. Box 839
Corinth, Mississippi 38835-0389
Phone: (662) 286-9883
Fax: (662) 284-9836

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

Gilbert S. Macvaugh, Jr., Ph.D., Director
Shatanner McFarland Brown, 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

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

Madolyn Smith, Executive Director
Dana Gerrard Dees, Children's Services Coordinator
Life Help
Old Browning Road
P. O. Box 1505
Greenwood, Mississippi 38935-1505
Phone: (662) 453-6211
Fax: (662) 455-5243

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

Jackie Edwards, Executive Director

- Stephanie Taylor, Children's Services Coordinator (662) 494-7060
- Liz Rhea, Choctaw County Administrator - (662) 285-6225
- Lina Beall, Clay County Administrator - (662) 494-7060
- Karen Phillips, Lowndes County Administrator - (662) 328-9225
- Gloria Gunter, Noxubee County Administrator - (662) 726-5042
- Wendie Woods, Oktibbeha County Administrator - (662) 323-9218
- Martha Wallis, Webster County Administrator - (662) 258-8147
- Tommy Thompson, Winston County Administrator - (662) 773-9377

Community Counseling Services
302 North Jackson Street
P. O. Box 1188
Starkville, Mississippi 39760-1188
Phone: (662) 323-9261
Fax: (662) 323-9380

REGION 8 (Copiah, 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

REGION 9 (Hinds County)

Margaret L. Harris, Director
Kristy Leach, Children's Services Coordinator
Hinds Behavioral Health Services
P.O. Box 5369
Jackson, Mississippi 39236
Phone: (601) 321-2400
Fax: (601) 362-2852

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

Maurice Kahlmus, Executive Director
Weems Community Mental Health Center
1415 College Road
P. O. Box 4378
Meridian, Mississippi 39304
Phone: (601) 483-4821
Fax: (601) 485-8727

Alisha Lee Marlow, Ph.D., Children's Services Coordinator
Weems Community Mental Health Center
1928 24th Avenue
Meridian, MS 39304
Phone: (601) 482-7377
Fax: (601) 482-7332

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

Ray Wallace, Executive Director
Steve Ellis, Ph.D., Clinical/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) 249-4227 (Children's Services)
Fax: (601) 249-4234

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 1030
Hattiesburg, Mississippi 39403
Phone: (601) 544-4641
(601) 582-1111 (Children's Center)
Fax: (601) 582-1607

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

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

REGION 14 (George and Jackson Counties)

Sherman Blackwell, II, Executive Director
Wanda Bell, Children's Services Coordinator
Singing River Services
3407 Shamrock Court
Gautier, MS 39553
Phone: (228) 497-0690
Fax: (228) 497-4666
Phone: (228) 696-0030 (Children's Services)
Fax: (228) 712-2783 (Children's Services)

REGION 15 (Warren and Yazoo Counties)

Steve Roark, Executive Director
Warren-Yazoo Mental Health Service
3444 Wisconsin Avenue/P. O. Box 820691
Vicksburg, Mississippi 39182
Phone: (601) 638-0031
Fax: (601) 634-0234

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

III. 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 1990 state census data, the DMH estimated that 22,402 children (under age 18 years) will have 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 DMH 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.

Note: In the FY 2004 State Plan and in the current Mississippi Division of Medicaid Community Mental Health Manual, the upper age limit in the definition for children with serious emotional disturbances has been extended to up to 21 years, while the lower age limit for adults with serious mental illness has remained at 18 years.

Characteristics

In general, a child with a serious emotional disorder has problems involving a lack of awareness and/or understanding of self and environment of such duration, frequency or intensity as to result in an inability to control behavior or express feelings appropriately thereby significantly impairing performance (e.g., school, home, play, etc.).

Behavior is seen as inappropriate when disturbed internal states lead to socially aberrant or self-defeating behavior, that is, behavior which is clearly discordant with that which would normally be expected from other children of similar age under similar circumstances. Children who are unhappy or depressed may exhibit a loss of interest or pleasure in all or almost all usual activities and pastimes. These behaviors may be expressed verbally or nonverbally, as in frequently sad facial expression, changed peer relations, social isolation, reduced academic achievement, hyperactivity, or restless agitated behavior. Feelings of worthlessness are common and may range from feelings of inadequacy to complete self-rejection and may be manifested in self-aggressive/self-abusive behavior.

A child may exhibit physical symptoms such as excessive fatigue, dizziness, headache, stomach pain, nausea, rashes, or an unexplained loss of, or alteration in, physical functioning. Possible physical etiologies should be ruled out prior to attributing the behavior(s) to a psychogenic cause. Unrealistic fears, such as harm to parents or occurrence of calamities, may be present.

In many instances, children who have difficulty building or maintaining satisfactory interpersonal relationships are readily identified by both peers and teachers. "Satisfactory interpersonal relationships"

refers to the ability to establish and maintain close friendships; the ability to work and play cooperatively

with others; the ability to demonstrate sympathy, warmth, and sharing with others; the ability to be assertively constructive; and the ability to make appropriate choices for social interaction.

Significant deficits in the level of social/emotional as well as educational functioning may be the most pronounced characteristics in school with children with serious emotional disorders. However, with children able to maintain an average level of performance on individual measures of intellectual functioning as well as with specific education tasks and areas, a deficit may not be noted when it might be quite significant. All children or youth with serious emotional disorders are not necessarily failing academically. The difference between a child's performance and level of expectancy becomes more significant as a student advances through his/her school career. A discrepancy may appear to be insignificant in a child's early school years, therefore making it more difficult to identify a young student based on the inefficiency in functioning level.

Risk Factors

The child/adolescent who demonstrates traits or is associated with demographic factors that are thought to predispose a population to the development of serious emotional disorder is considered at high risk. Factors associated with this risk include, but are not limited to:

- a. Failure to thrive syndrome in infancy;
- b. Failure to achieve developmental milestones with appropriate stages or in normal time ranges in infancy or early childhood;
- c. Environmental stresses that precipitate social breakdown such as divorce, death of a family member, homelessness, parental unemployment, severe deprivation due to poverty, single parenthood in a family;
- d. Families who have experienced alcoholism/drug addiction to mental illness;
- e. Children and adolescents who have been subject to child abuse, neglect, or sexual abuse;
- f. Children and adolescents suffering chronic physical illnesses or physically handicapping conditions to such an extreme that mental illness may be precipitated;
- g. Parent who has been or is incarcerated.

Other Warning Signals

Problem areas which might alert the teacher or principal that a referral for counseling might be helpful or improve the child's functioning include:

- persistent difficulty with concentration
- hyperactive behavior interfering with child's school performance
- underachievement
- difficulty establishing relationships with peers

- anxiety or fear the child seems unable to manage
- separation anxiety or poor school attendance due to a desire to be with mother or primary caretaker
- excess fatigue in the daytime
- knowledge that there is a problem with mental illness or alcoholism in the family
- alcohol or drug abuse in the child
- threats to harm self or others
- seeing or hearing things that are not there
- belief that someone wants to harm them
- a child reveals that he/she has been the victim of sexual or physical abuse
- marks on a child's body that lead you to suspect that physical abuse may be present.