

**Joint Legislative Committee on Performance
Evaluation and Expenditure Review (PEER)**

Report to
the Mississippi Legislature



Staffing of Psychologists at the Mississippi State Hospital in a Changing Mental Health Service Delivery Environment

The Mississippi State Hospital (MSH) offers a Doctoral Internship in Professional Psychology that provides interns with the opportunity to increase their clinical skills in an inpatient setting under the supervision of licensed psychologists. The state benefits from the internship program by having highly educated persons performing advanced-level mental health service delivery functions at a fraction of the usual cost. Also, the program offers the state an opportunity to recruit these interns into the Department of Mental Health (DMH) system upon graduation.

MSH experienced a high degree of turnover of psychologists from FY 2011 to FY 2014, which MSH attributed to its non-competitive salaries. This turnover affected MSH's internship program, with numerous changes in internship training directors and a reduction in the number of interns from four to three for FY 2013. After MSH requested and received salary realignment and recruitment flexibility for its licensed psychologist positions, MSH was able to increase its total number of licensed psychologists on staff. The internship program resumed offering four intern positions in 2013-2014 and the American Psychological Association's Commission on Accreditation recently awarded accreditation to MSH's internship program until the next site visit in 2021.

Mississippi will be forced to move toward providing more community-based mental health care in the near future due to factors and events at both the national and state levels. The Mississippi State Hospital must ensure that it has the appropriate number and type of staff needed to implement evidence-based programs and monitor outcomes. Successful transition to providing more community-based mental health services would reduce MSH's patient load, which in turn would reduce the number of staff that would be needed to fulfill the needs of acute care mental health patients at the hospital. However, while the role and scope of the hospital might diminish as community-based programs are implemented, there would be a continued need for the hospital and its staff. The Department of Mental Health and Mississippi State Hospital should gather the appropriate data sets regarding the mental health needs of the hospital, the communities, and the state in order for the department to articulate its community-based services strategy, design its implementation process, and reallocate its resources.

May 12, 2015

PEER: The Mississippi Legislature's Oversight Agency

The Mississippi Legislature created the Joint Legislative Committee on Performance Evaluation and Expenditure Review (PEER Committee) by statute in 1973. A joint committee, the PEER Committee is composed of seven members of the House of Representatives appointed by the Speaker and seven members of the Senate appointed by the Lieutenant Governor. Appointments are made for four-year terms, with one Senator and one Representative appointed from each of the U. S. Congressional Districts and three at-large members appointed from each house. Committee officers are elected by the membership, with officers alternating annually between the two houses. All Committee actions by statute require a majority vote of four Representatives and four Senators voting in the affirmative.

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PEER provides a variety of services to the Legislature, including program evaluations, economy and efficiency reviews, financial audits, limited scope evaluations, fiscal notes, special investigations, briefings to individual legislators, testimony, and other governmental research and assistance. The Committee identifies inefficiency or ineffectiveness or a failure to accomplish legislative objectives, and makes recommendations for redefinition, redirection, redistribution and/or restructuring of Mississippi government. As directed by and subject to the prior approval of the PEER Committee, the Committee's professional staff executes audit and evaluation projects obtaining information and developing options for consideration by the Committee. The PEER Committee releases reports to the Legislature, Governor, Lieutenant Governor, and the agency examined.

The Committee assigns top priority to written requests from individual legislators and legislative committees. The Committee also considers PEER staff proposals and written requests from state officials and others.

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The Mississippi Legislature

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May 12, 2015

Honorable Phil Bryant, Governor
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On May 12, 2015, the PEER Committee authorized release of the report entitled **Staffing of Psychologists at the Mississippi State Hospital in a Changing Mental Health Service Delivery Environment.**

A handwritten signature in cursive script that reads "Becky Currie".

Representative Becky Currie, Chair

This report does not recommend increased funding or additional staff.

Table of Contents

Letter of Transmittal	i
Executive Summary	vii
Introduction	1
Authority	1
Problem Statement.....	1
Purpose and Scope.....	1
Method	2
Background	3
What is the status of MSH’s Doctoral Internship in Professional Psychology program?	5
MSH’s Doctoral Internship in Professional Psychology.....	5
MSH’s Staffing of Psychologists and the Effects on the Internship Program.....	7
Status of the Internship Program’s Accreditation.....	11
How is Mississippi’s mental health service delivery environment changing?	12
Previous PEER Reports on the Changing Mental Health Service Delivery Environment	12
<i>Olmstead’s</i> Emphasis on Community-Based Care	13
The U. S. Department of Justice’s Findings Regarding Mississippi’s Mental Health Service Delivery System	14
Mississippi’s Response to the DOJ’s Findings.....	15
How can MSH align its staffing of psychologists with its current and future needs?.....	19
MSH’s Patient-to-Psychologist Ratio.....	19
Implications for Future Staffing at MSH.....	20
Appendix A: State-Operated Facilities for Behavioral Health and Treatment of Intellectual and Developmental Disabilities, 2015	23
Appendix B: Job Descriptions for Licensed Psychologist Positions at MSH.....	24
Agency Response	36

List of Exhibits

1. Number of Psychological Evaluations Conducted Upon Admission or Transfer to Various MSH Treatment Programs and Bed Capacity for Each Program, FY 2014.....4

2. MSH Licensed Psychologist Staffing, FY 2011 to FY 2014.....9

3. Salary Adjustments Made to MSH’s Licensed Psychologist Positions in FY 2013 as a Result of Realignment..... 10

Staffing of Psychologists at the Mississippi State Hospital in a Changing Mental Health Service Delivery Environment

Executive Summary

Introduction

PEER conducted this review in response to an anonymous complaint alleging that the Mississippi State Hospital's Doctoral Internship in Professional Psychology program could lose its accreditation due to vacancies and frequent turnover in the hospital's staff of licensed psychologists, who serve as supervisors for interns in the program. The complainant was also concerned that the number of licensed psychologist positions at the Mississippi State Hospital (MSH) was not sufficient to provide newly licensed psychologists with an opportunity for permanent employment at the hospital.

What is the status of MSH's Doctoral Internship in Professional Psychology program?

MSH offers an accredited internship program for doctoral students in clinical and counseling psychology programs. The program provides interns with the opportunity to increase their clinical skills in an inpatient setting under the supervision of licensed psychologists. The state benefits from the internship program by having highly educated persons performing advanced-level mental health service delivery functions at a fraction of the cost compared to their fully licensed counterparts. Also, the program offers the state an opportunity to recruit these interns into the Department of Mental Health (DMH) system upon graduation. For the mental health care profession, the internship program offers young professionals just entering the field an opportunity to translate classroom theory into practical application, gaining experience as they do so, while simultaneously fulfilling a requirement of licensure.

MSH experienced a high degree of turnover of psychologists from FY 2011 to FY 2014, which MSH attributed to non-competitive salaries offered by MSH. This turnover affected MSH's Doctoral Internship in Professional Psychology program, with numerous changes in internship training directors and a

reduction in the number of interns from four to three for FY 2013.

After MSH requested and received from the State Personnel Board salary realignment and recruitment flexibility for its licensed psychologist positions, MSH was able to increase its total number of licensed psychologists on staff. The internship program resumed offering four intern positions in 2013-2014 and the American Psychological Association's Commission on Accreditation recently awarded accreditation to MSH's internship program until the next site visit in 2021.

How is Mississippi's mental health service delivery environment changing?

The mental health service delivery environment in the United States has changed in recent years from an institution-based system to a community-based system. Mississippi will be forced to move toward providing more community-based mental health care due to factors and events at both the national and state levels:

- In the 1999 case *Olmstead v. L.C.*, the U. S. Supreme Court held that unjustifiable institutionalization of persons with any disability, including mental illness or developmental disability, is discrimination under Title II of the Americans with Disabilities Act. The *Olmstead* decision notes that states are obligated to develop and implement plans to move toward a system of community-based care for persons with mental disabilities.
- In 2011, the U.S. Department of Justice cited Mississippi as being in violation of the Americans with Disabilities Act for not providing Mississippians with disabilities--including mental illness and developmental disabilities--with services in the most integrated setting appropriate.

On August 29, 2014, Mississippi and the DOJ entered into a nonbinding agreement wherein the state agreed to address problem areas identified by the DOJ in its findings letter. DMH's current strategic plan goals and the Attorney General's letter of agreement both support the need to provide more community-based mental health services.

How can MSH align its staffing of psychologists with its current and future needs?

The Mississippi State Hospital must ensure that it has the appropriate number and type of staff needed to implement evidence-based programs and monitor outcomes. Psychologists are essential to accomplishing these tasks. As of March 27, 2015, MSH had a patient-to-psychologist ratio of sixty-three patients to one licensed psychologist (63:1).

Successful transition to providing more community-based mental health services would reduce MSH's patient load, which

in turn would reduce the number of staff that would be needed to fulfill the needs of acute care mental health patients at the hospital. However, while the role and scope of the hospital might diminish as community-based programs are implemented, there would be a continued need for the hospital and its staff. DMH and MSH should gather the appropriate data sets regarding the mental health needs of the hospital, the communities, and the state in order for the department to articulate its community-based services strategy, design its implementation process, and reallocate its resources.

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Staffing of Psychologists at the Mississippi State Hospital in a Changing Mental Health Service Delivery Environment

Introduction

Authority

The PEER Committee reviewed the Mississippi State Hospital's (MSH's) Doctoral Internship in Professional Psychology program, as well as the staffing of psychologist positions for the hospital. The Committee acted in accordance with MISS. CODE ANN. Section 5-3-51 et seq.

Problem Statement

PEER received an anonymous complaint alleging that MSH's Doctoral Internship in Professional Psychology program could lose its accreditation due to vacancies and frequent turnover in the hospital's staff of licensed psychologists, who serve as supervisors for interns in the program. The complainant was also concerned that the number of licensed psychologist positions at the MSH was not sufficient to provide newly licensed psychologists with an opportunity for permanent employment at the hospital.

Purpose and Scope

Initially, the purpose of PEER's review was to determine whether Mississippi State Hospital's Doctoral Internship in Professional Psychology program was in jeopardy of losing its accreditation.

During the course of the review, PEER expanded the scope to include an analysis of the challenges facing the Mississippi State Hospital in ensuring an appropriate hospital-based licensed psychologist staff in a mental health service delivery environment that will begin to rely increasingly on community-based mental health service delivery rather than institutionalization.

This review was limited to licensed psychologist staffing at the Mississippi State Hospital, although issues addressed in this report could have implications for other professional positions and other mental health facilities in the state.

Method

During the course of this review, PEER:

- reviewed documents related to Mississippi State Hospital's Doctoral Internship in Professional Psychology, including documents related to the program's accreditation;
- reviewed the U. S. Department of Justice's 2011 findings letter reporting on its investigation of Mississippi's mental health service delivery system;
- reviewed the Department of Mental Health's strategic plan and goals;
- interviewed MSH personnel;
- analyzed data and information provided by MSH; and,
- analyzed State Personnel Board records and information related to staffing and salaries at the Mississippi State Hospital.

Background

In Mississippi, policy for the publicly funded system for delivery of mental health services is set by the Board of Mental Health and administered through the Department of Mental Health.

The Department of Mental Health (DMH) is headed by an Executive Director and has bureaus to administer its behavioral health and intellectual and developmental disabilities programs throughout the state. These services are delivered through:

- *state-operated programs and facilities*, including MSH (see Appendix A, page 23, for a list of the state-operated facilities for behavioral health and intellectual and developmental disabilities);
- *regional community mental health centers*, which are autonomous public bodies governed by regional commissions to which DMH awards grants to provide community-based services (e. g., mental health, substance abuse services); and,
- *other non-profit service agencies and organizations* that make up a small part of the service delivery system, are certified, and may also receive funding through the Department of Mental Health to provide community-based services (e. g., Catholic Charities).

Also, some other providers not certified by DMH and which do not receive funding from the department (e. g., Brentwood Behavioral Care) are certified by other entities to provide mental health services to individuals.

The Mississippi State Hospital is located on a 350-acre campus in Whitfield, fifteen miles southeast of Jackson. MSH provides a range of inpatient psychiatric services for individuals aged four and older living within MSH's service area (i. e., fifty-one of the state's eighty-two counties). MSH operates a chemical dependency unit and is the statewide service facility for forensic services.¹ Also, the hospital operates acute and continued care psychiatric units, a medical surgical hospital, a certified nursing facility, and an acute child/adolescent psychiatric unit.

Exhibit 1, page 4, provides additional information on the MSH's treatment programs and number of psychological evaluations

¹MSH's Forensic Services Unit offers pretrial evaluations and treatment for criminal defendants from the circuit courts throughout the state. The competence of defendants to proceed legally and their mental status at the times of the alleged offenses are the issues most frequently evaluated. In addition, treatment is provided for persons found not guilty by reason of insanity and returned to the hospital for inpatient treatment.

conducted upon admission or transfer to each program in FY 2014.

Exhibit 1: Number of Psychological Evaluations Conducted Upon Admission or Transfer to Various MSH Treatment Programs and Bed Capacity for Each Program, FY 2014

MSH Treatment Program	Description of Treatment Program	Evaluations Conducted*	Bed Capacity
Male Receiving Service	Acute psychiatric care of male patients aged 18+ who have been involuntarily committed to MSH through the court system	607	75
Female Receiving Service	Acute psychiatric care of female patients aged 18+ who have been involuntarily committed to MSH through the court system	428	79
Chemical Dependency/Addictions Unit	Inpatient care of individuals with primary alcohol- and substance-related diagnoses	756	80
Forensics (Treatment)	Care for defendants who are found Not Guilty by Reason of Insanity, Not Competent, Not Restorable, and other civilly committed patients	27	20
Forensics (Evaluation – inpatient)	Forensic mental health evaluations (e.g., for competence to stand trial) on adult criminal defendants for Mississippi’s circuit courts	35 (Jan.-June 2014)	15
Forensics (Evaluation – outpatient)	Forensic mental health evaluations (e.g., for competence to stand trial) on adult criminal defendants for Mississippi’s circuit courts	5	N/A (outpatient)
Child/Adolescent	Care for children aged 4-17 with a variety of symptoms and functional levels	297	60
Continued Treatment	Care for individuals with chronic mental illness	11	97
Medical/Psychiatric	Care for primarily geriatric patients with both medical and psychiatric diagnoses	37	29
Assessment Team	Psychological assessments, testing, and diagnostics	80	N/A**
Total		2,283	455

*All evaluations are conducted upon admission, except for the Continued Treatment service (conducted upon transfer), Forensics (Evaluation – outpatient), and Assessment Team evaluations. The number of evaluations conducted does not indicate a discrete number of patients. If a patient was admitted to one program and transferred to another treatment program, he/she would count as another psychological evaluation.

**The Assessment Team serves the entire MSH population; evaluations are conducted upon request.

SOURCE: MSH.

What is the status of MSH's Doctoral Internship in Professional Psychology program?

MSH experienced a high degree of turnover of psychologists from FY 2011 to FY 2014, which MSH attributed to non-competitive salaries offered by MSH. This turnover affected MSH's Doctoral Internship in Professional Psychology program, with numerous changes in internship training directors and reduction in the number of interns from four to three for FY 2013. These turnover issues have been resolved and the American Psychological Association's Commission on Accreditation recently awarded accreditation to MSH's internship program until the next site visit in 2021.

This chapter will address:

- a description of MSH's Doctoral Internship in Professional Psychology;
- MSH's staffing of psychologists and the effects on the internship program; and,
- the status of the program's accreditation.

MSH's Doctoral Internship in Professional Psychology

Description of the Program

MSH offers an accredited internship program for doctoral students in clinical and counseling psychology programs. The program provides interns with the opportunity to increase their clinical skills in an inpatient setting under the supervision of licensed psychologists. Normally, the program accepts four interns each year. For one year, they are considered MSH employees and receive a salary and state employee benefits, plus five dissertation research release days.

MSH's Doctoral Internship in Professional Psychology program is a program accredited by the American Psychological Association (APA). APA guidelines state that each intern must receive the equivalent of one year of full-time training to be completed in no fewer than twelve months and no more than twenty-four months. Each participant of the program must accrue 2,000 hours of training in order to complete the internship program.

In Mississippi, an APA-accredited internship (or equivalent) is required for an individual to become licensed to practice in the state as a psychologist. According to MISS. CODE ANN. Section 73-31-13 (f) (1972), licensed professionals must have:

. . .two (2) years of supervised experience in the same area of emphasis as the academic degree, which includes an internship and one (1) year of supervised post-doctoral experience, that meet the standards of training as defined by the board.

Each year (or equivalent) shall be comprised of at least two thousand (2,000) hours of actual work, to include direct service, training and supervisory time. A pre-doctoral internship may be counted as one (1) of the two (2) years of experience.

The State Board of Psychology outlines standards of training during the internship year. For example, the board requires that the internship “be in a setting that provides both a broad spectrum of psychological services, and serve a varied clientele.” The internship program is important, as it allows participants to complete this requirement for obtaining licensure to practice as a licensed psychologist.

Interns are considered employees of MSH for the duration of the internship. In FY 2015, each intern receives a salary of \$25,540 and the full benefits associated with MSH employment: state employees’ health insurance, major medical leave, personal leave, access to an employee assistance program, ten paid holidays per year, and contributions to the Public Employees’ Retirement System. Interns in the program also have five dissertation research release days per year.

Maintaining an accredited doctoral psychology internship program at MSH offers several benefits to both the state and to the profession of mental health. By having the internship program, the state benefits by having highly educated persons performing advanced-level mental health service delivery functions at a fraction of the cost compared to their fully licensed counterparts and offers the state an opportunity to recruit these interns into the DMH system upon graduation. For the mental health care profession, the internship program offers young professionals just entering the field an opportunity to translate classroom theory into practical application, gaining experience as they do so, while simultaneously fulfilling a requirement of licensure.

Supervision Requirement for the Program

The internship program requires six hours of supervision by a licensed psychologist each week for each intern. Thus, MSH’s licensed psychologists play a critical role in the functioning of the program because they serve as supervisors for the interns.

The MSH Doctoral Internship in Professional Psychology makes use of a competency-based model of supervision that emphasizes the enhancement of broad knowledge base, mastery of new skills, and refinement of existing ones in a professional environment. The purpose of the supervisor is for that individual to share his or her knowledge, experience, professionalism, and constructive feedback with participants in the program.

The accrediting body for the program--the American Psychological Association--requires a minimum of five hours of supervision weekly per participant. MSH’s program

requirements exceed the accreditation standards by requiring two hours of face-to-face, individual supervision² with a licensed psychologist and four hours of group supervision led by licensed psychologists for a total of six supervised hours per week per intern. APA guidelines state that the program should designate supervisors “sufficient in number to accomplish the program’s service delivery and training goals.” Thus, MSH’s licensed psychologists are critical to the functioning of the internship program because they serve as supervisors for the interns.

MSH’s Staffing of Psychologists and the Effects on the Internship Program

MSH’s Staffing of Psychologist Positions

As of March 2015, MSH employed eight licensed psychologists. These individuals are responsible for ensuring that the hospital’s patients receive quality clinical services and for supervising other mental health personnel, including psychology interns.

The Mississippi State Hospital’s staff of licensed psychologists is critical to the provision of clinical services to patients. According to MSH administrators, licensed psychologists supervise staff who provide clinical services to patients; therefore, any increase in the number of licensed psychologists allows for an increase in the number of staff providing clinical services. In FY 2014, MSH conducted 2,283 psychological evaluations on patients who were admitted or transferred to a treatment program.³ (See Exhibit 1, page 4.)

As of March 2015, MSH employed eight licensed psychologists in the following positions:

- three in Licensed Psychologist I positions;
- four in Licensed Psychologist II positions; and,
- one in a Licensed Psychologist Administrator position.

(See Appendix B, page 24, for job descriptions of Licensed Psychologist positions.) Also as of March 2015, MSH had one Licensed Psychologist I vacancy.

MSH’s licensed psychologists’ responsibilities include program development, outcome measurement, strategic planning, and researching and implementing empirically supported treatments. Licensed psychologists also train non-licensed personnel in evidence-based therapies. Ultimately, licensed

²Individual supervision consists of at least one hour per week with the intern’s primary rotation supervisor. Each rotation supervisor has a collection of reading materials related to training specific to the rotation and patient population that interns experience during the rotation. Residents are expected to discuss reading materials and clinical issues with supervisors during supervision sessions.

³The number of evaluations conducted does not indicate a discrete number of patients. If a patient was admitted to one program and transferred to another treatment program, he/she would count as another psychological evaluation.

psychologists are responsible for ensuring the fidelity of the hospital's program implementation and for ensuring that quality clinical services are provided.

MSH also employs mental health professionals that are not required to be licensed who provide services appropriate to their level of education and experience. Some of MSH's non-licensed staff hold doctorate degrees and are either license-eligible and/or have licenses or certifications in other areas (e. g., licensed professional counselors); these staff often serve as adjunct supervisors for the internship program. Non-licensed mental health staff providing clinical services work under the supervision of licensed psychologists and are classified as a Behavioral Health Clinician I, II, or III. As of March 2015, MSH had fourteen Ph.D./Psy.D. staff members in Behavioral Health Clinician positions.

Effect of Staff Turnover on MSH's Internship Program

From FY 2011 to FY 2014, MSH experienced a turnover rate⁴ of 109 percent in its Licensed Psychologist positions. According to the results of MSH's informal exit interviews, non-competitive salaries were the reason for the high turnover. As a result of the turnover, the internship program experienced changes in leadership and MSH decreased the number of interns employed from four to three for FY 2013 because of an insufficient number of supervisors for the program.

From FY 2011 to FY 2014, MSH experienced a high rate of turnover in its licensed psychologist positions. Six licensed psychologists resigned from MSH to pursue employment opportunities elsewhere. (See Exhibit 2, page 9.) MSH employed an average of 5.5 licensed psychologists during that time frame and the turnover rate of licensed psychologists from FY 2011 to FY 2014 was 109 percent.

⁴Turnover rate was calculated using the following formula suggested by the Society for Human Resource Management: number of licensed psychologists who resigned from MSH (6) divided by the average annual number of licensed psychologists from FY 2011 to FY 2014 (5.5).

Exhibit 2: MSH Licensed Psychologist Staffing, FY 2011 to FY 2014

	Number of Licensed Psychologists (Beginning of FY)	Number of Licensed Psychologist Resignations	Number of New Licensed Psychologist Hires
FY 2011	5	0	1
FY 2012	6	4	3
FY 2013	5	2	3
FY 2014	6	0	1

SOURCE: State Personnel Board PIN reports and MSH information.

Also, several Ph.D./Psy.D.-level psychology staff with roles in the internship program (e. g., as adjunct supervisors) resigned during the period of FY 2011 through FY 2014, which exacerbated the turnover problem with the licensed psychologist staff.

MSH staff have stated that through informal exit interviews, administrators determined that the main driver of the resignations was the non-competitive salaries offered by MSH. MSH learned that five of the licensed psychologists who resigned accepted higher-paying positions at the G. V. (Sonny) Montgomery VA Medical Center in Jackson.

One example of how changes in licensed psychologist staffing affected the internship program was the turnover in the internship program's Training Director position from calendar years 2011 to 2013. The Training Director, who is a licensed psychologist, is responsible for coordinating the program's training activities and evaluations, as well as assigning supervisors and intern rotations and disseminating information (e. g., the resident handbook). From calendar years 2011 through 2013, five different training directors were responsible for coordinating the program due to turnover. Because of this, concerns were raised to PEER about the possibility of the MSH losing APA accreditation for the internship program.

In a letter to APA's Commission on Accreditation dated October 21, 2011, MSH provided various updates and information on programmatic revisions, including information on each resignation that had occurred in 2011, as well as MSH's need to reduce the number of intern positions from four to three for the 2012-2013 internship year due to insufficient staff resources for supervision.

How the Program's Turnover Problem Was Resolved

MSH requested and received from the State Personnel Board salary realignment and recruitment flexibility for its licensed psychologist positions. These changes have helped MSH in the hiring process, including the rehiring of two licensed psychologists who had previously resigned.

In light of MSH's determination that the turnover in licensed psychologist positions resulted from its noncompetitive salaries, the State Personnel Board (which sets salary ranges for state service positions) approved the hospital's request for salary realignment for these positions in October 2012. (See Exhibit 3, below.) These salary realignments were unfunded and caused no additional monies to be appropriated to MSH, but the realignments were funded through existing money already allocated to MSH. Subsequently, two licensed psychologists returned to MSH from the VA Medical Center.

Exhibit 3: Salary Adjustments Made to MSH's Licensed Psychologist Positions in FY 2013 as a Result of Realignment

Position	FY 2012 Salary Range	FY 2013-present Salary Range	% Increase in Starting Salary
Licensed Psychologist I	\$57,211 - \$100,120	\$66,553 - \$116,468	16%
Licensed Psychologist II	\$62,872 - \$110,027	\$73,138 - \$127,992	16%
Licensed Psychologist Administrator	\$69,100 - \$120,925	\$80,382 - \$140,669	16%

SOURCE: MSH and SPB.

The State Personnel Board also increased the Behavioral Health Clinician I salary range from \$41,283 - \$72,246 in FY 2012 to \$48,025 - \$84,043 in FY 2013. As noted previously, Behavioral Health Clinicians also provide clinical services to patients. This position requires that the employee have a Ph.D. in psychology or counseling but does not require a psychology license.

Also, in March 2013, MSH received permission from the State Personnel Board to implement a 20% recruitment flexibility⁵ for Licensed Psychologist I and Licensed Psychologist II positions due to the continued difficulty in recruiting for these positions.

After these salary adjustments were made and MSH was able to increase its total number of licensed psychologists, it resumed offering four intern positions for the 2013-2014 internship year.

As of March 2015, MSH had increased its number of staff holding doctoral degrees in psychology to fourteen, eight of whom are licensed.

⁵Recruitment flexibility refers to the ability of an agency to recruit an applicant at a salary above the starting salary assigned by SPB.

Status of the Internship Program's Accreditation

The American Psychological Association's Commission on Accreditation recently awarded accreditation to MSH's internship program until the next site visit in 2021.

The MSH internship program recently participated in its accreditation review by American Psychological Association, which consisted of a self-study report and a site visit. The APA's Commission on Accreditation considered this information in reaching its final decision on whether to accredit the program.

APA site visits are two-day visits whereby a team of three psychologists and one person experienced in professional psychology and the program's training objectives meet with staff and former/current interns, review files, and inspect facilities to ensure that internship programs are adhering to the standards and goals outlined by APA. The self-review and site visit are parts of the accreditation review process that occurs every three to seven years as determined by the Commission on Accreditation based on the internship program's stage of development and stability of program outcomes in relation to its educational goals and objectives.

MSH's site review took place on November 12-13, 2014. The site visit report concluded that the program is accomplishing its goals. After reviewing the results of the self-study report, the APA asked MSH staff to discuss with site visitors the impact of staff turnover on the functioning of the internship program. Related to the turnover issue, the APA's site visit report stated:

The program did experience significant staff attrition due to salary issues but the state responded by making adjustments in psychology salaries. This resulted in the hospital being able to fill vacancies and to bring back former staff that had left. The end result is a full staff cohort and sufficient supervisory resources to meet training needs. From all indications, in all discussions with staff, the situation has stabilized and there is no indication that staff shortages are likely to re-occur.

PEER received documentation on April 24, 2015, that at its meeting on March 19-22, 2015, the APA Commission on Accreditation had awarded MSH's internship program accreditation until the next site visit scheduled for 2021. As noted previously, maintaining an accredited doctoral psychology internship program at MSH offers several benefits to both the state and to the mental health profession.

How is Mississippi's mental health service delivery environment changing?

The mental health service delivery environment in the United States has changed in recent years. States are now obligated to develop and implement plans to move toward a system of community-based care for persons with mental disabilities. In 2011, the U.S. Department of Justice cited Mississippi as being in violation of the Americans with Disabilities Act for not providing Mississippians with disabilities--including mental illness and developmental disabilities--with services in the most integrated setting appropriate.

This chapter will address:

- the emphasis on community-based care as a result of the U. S. Supreme Court's *Olmstead v. L.C.* decision;
- the U. S. Department of Justice's findings regarding Mississippi's mental health service delivery system; and,
- Mississippi's response to the DOJ's findings.

Previous PEER Reports on the Changing Mental Health Service Delivery Environment

PEER has noted in previous reports that Mississippi will be forced to move toward providing more community-based mental health care due to factors and events at both the national and state levels.

As noted in previous PEER reports,⁶ the mental health service delivery environment in the United States has changed in recent years from an institution-based system to a community-based system. This is evidenced by factors and events at both the national and state levels, perhaps the most significant of which have been the U. S. Supreme Court's *Olmstead v L.C.* decision (see page 13) and the findings of the U. S. Department of Justice's investigation of Mississippi's mental health service delivery system (see page 14). PEER has noted in previous reports that the state would be forced to move toward providing more community-based care and stated that the Board of Mental Health and the Department of Mental Health would face critical issues that would impact their roles in providing and regulating mental health services in Mississippi.

⁶Recent PEER reports on this subject are Report #511, **Planning for the Delivery of Mental Health Services in Mississippi: A Policy Analysis**, June 26, 2008, and Report #584, **A Review of the Closure of the Mississippi State Hospital's Community Services Division**, June 10, 2014. PEER reports are available in both executive summary and full text format at www.peer.state.ms.us.

***Olmstead's* Emphasis on Community-Based Care**

In the 1999 case *Olmstead v. L.C.*, the U. S. Supreme Court held that unjustifiable institutionalization of persons with any disability, including mental illness or developmental disability, is discrimination under Title II of the Americans with Disabilities Act. The *Olmstead* decision notes that states are obligated to develop and implement plans to move toward a system of community-based care for persons with mental disabilities.

On June 22, 1999, the United States Supreme Court held in *Olmstead v. L.C.*, 527 U.S. 581 (1999), that unjustified segregation of qualified individuals⁷ with disabilities, including mental illness and developmental disabilities, constitutes discrimination in violation of Title II of the Americans with Disabilities Act (ADA).⁸ The court held that public entities are obligated to develop and implement plans to move toward a system of community-based care for persons with mental illness and developmental disabilities when:

- such services are appropriate;
- the affected persons do not oppose community-based treatment; and,
- community-based services can be reasonably accommodated, taking into account the resources available to the public entity and the needs of others who are receiving disability services from the entity.

Title II of the ADA, which serves as the basis for the *Olmstead* decision, prohibits public entities, including state governments and health care services funded and administered by state agencies, from excluding from participation or denying people with disabilities “the benefits of the services, programs, or activities of a public entity, or subject[ing] to discrimination by any such entity.” Congress enacted the ADA because it found that “historically, society has tended to isolate and segregate individuals with disabilities, and, despite some improvements, such forms of discrimination against individuals with disabilities continue to be a serious and pervasive social problem.”

⁷“Qualified individuals,” the ADA explains, are persons with disabilities who, “with or without reasonable modifications to rules, policies, or practices. . . . mee[t] the essential eligibility requirements for the receipt of services or the participation in programs or activities provided by a public entity.” Americans with Disabilities Act of 1990 (ADA), 42 U.S.C. §§ 12101 - 12213 (2000).

⁸The ADA was enacted by Congress “to provide a clear and comprehensive national mandate for the elimination of discrimination against individuals with disabilities.” 42 U.S.C. § 12101 (b) (1).

The U. S. Department of Justice's Findings Regarding Mississippi's Mental Health Service Delivery System

In 2011, the U. S. Department of Justice cited Mississippi as being in violation of Title II of the Americans with Disabilities Act for not providing Mississippians with disabilities, including mental illness and developmental disabilities, with services in the most integrated setting appropriate.

An investigation performed by the Office of the Attorney General of the United States, through the Assistant Attorney General of the Civil Rights Division, found that Mississippi had failed to meet its obligations under Title II of the Americans with Disabilities Act (ADA), 42 U.S.C. §§ 12131-12134, and its implementing regulations, 28 C.F.R. pt. 35, by unnecessarily institutionalizing persons with mental illness or developmental disabilities in public and private facilities and failing to ensure that they are offered a meaningful opportunity to live in integrated community settings consistent with their needs as outlined in *Olmstead v. L.C.*, 527 U.S. 581 (1999).

In its findings letter to then-Governor Haley Barbour dated December 22, 2011, the U. S. Department of Justice (DOJ) found that Mississippi's "is the most institution-reliant system in the United States" regarding mental health service delivery. The letter concluded that the state fails to provide services to qualified individuals with disabilities, including mental illness or developmental disabilities, in the most integrated settings appropriate to their needs, in violation of the integration mandate of the ADA. In summary, the DOJ found that Mississippi had:

- violated the ADA by its overreliance on institutions;
- violated the ADA by failing to serve qualified individuals with disabilities in the most integrated setting;
- violated the ADA by placing people at risk of unnecessary institutionalization; and,
- failed to provide children with disabilities with medically necessary and educational services.

The department went on to recommend that Mississippi:

- reduce its reliance on institutional care by reallocating resources to community-based services;
- assess each individual in the institutional setting to determine whether an integrated community setting would better serve the patient;

- expand the number of waiver slots⁹ to transition people with developmental disabilities from institutional care; and,
- provide families with alternatives to institutionalization and information needed to make informed decisions.

Mississippi's Response to the DOJ's Findings

Attorney General's Agreement with the DOJ

On August 29, 2014, Mississippi and the DOJ entered into a nonbinding agreement wherein the state agreed to address problem areas identified by the DOJ in its findings letter.

In response to the DOJ's 2011 findings letter, Attorney General Jim Hood entered into an agreement with the DOJ listing actions that the state would take in order to improve mental health care in the state. By working toward adherence to the proposed changes and negotiating in good faith, the state has relieved DOJ of some of its concerns and thus far has delayed any further action by the DOJ against the state for its mental health service delivery system.

In a letter to the DOJ dated August 29, 2014, Attorney General Hood stated: "We [the State of Mississippi] agree that this letter does not constitute an admission or concession by either party regarding the factual or legal allegations in your letter of findings dated December 22, 2011." Both the Attorney General and DMH administrators agree and support that the actions stated in the letter would expand mental health services in the state, with the goal of ensuring individuals with disabilities are living in the most integrated setting.

Some of the actions taken by Mississippi to date in response to the agreement are:

- the Legislature's appropriation of \$10 million for FY 2014 and \$16.1 million for FY 2015 to the Department of Mental Health to expand community services to support community integration;
- the state's expansion of the number of waiver spots on Intellectual Disability and Developmental Disability by 250 and enrollment of 643 individuals in the waiver program since July 1, 2011;¹⁰

⁹*Waiver slots/spots* refer to the number of available openings in long term care services in home- and community-based settings under the Medicaid program. Such services may include case management, homemaker, home health aide, personal care, adult day health services, habilitation, and respite care.

¹⁰Mississippi's Intellectual Disability/Developmental Disability (ID/DD) Waiver provides individualized support and services to assist people who are diagnosed with such conditions living in home or community settings and are an alternative to care in institutional setting. If a person has been determined to meet the same level of care criteria as someone applying for admission to an institution, that person has the option to have their name placed on the ID/DD Waiver Planning List and a Plan of

- the state’s retention of a consultant, Technical Assistance Collaborative,¹¹ to study permanent supported housing for persons with disabilities;¹²
- the Division of Medicaid’s reinstatement of the Mississippi Access to Care¹³ process; and,
- the state’s application of grant funds to community services.

Mississippi also agreed to do the following in calendar year 2015: expand services for adults with mental illness, engage with national experts to provide technical assistance regarding implementation of expanded services, facilitate DOJ’s oversight of the state’s compliance with the commitment letter, and engage in ongoing settlement negotiations to reach an agreement that will resolve all the claims made by DOJ in regard to individuals with mental illness or intellectual and developmental disabilities in its investigation.

During the 2015 regular session, the Legislature took several actions to comply with the agreement between the Attorney General and the DOJ by appropriating funds and modifying state law to expand community-based services for individuals with disabilities.¹⁴ These actions included the following:

- providing \$16,100,000 to DMH to expand community-based services (S. B. 2867);
- providing \$250,000 to DMH to provide community-based mental health services for juveniles in detention (S. B. 2867);
- providing bridge funding of \$2,175,386 to the Mississippi Home Corporation¹⁵ for transition into supported housing for individuals with disabilities with serious mental illness (H. B. 1563);

Care will be developed for that person to meet the needs of their condition. This program is available only to patients who are eligible for Medicaid.

¹¹Technical Assistance Collaborative is a consulting organization that specializes in human service functions such as education, policy development, and consultation in the areas of housing, health, and community integration.

¹²The consultant’s report was produced in October 2014.

¹³The *Mississippi Access to Care* (MAC) work group is a statewide initiative to identify services currently available to persons with disabilities and to develop a plan for assuring that all Mississippi residents have access to appropriate services in the most integrated setting. For additional detail on MAC, see PEER reports #511 and #584 at www.peer.state.ms.us.

¹⁴As of April 7, 2015, the Governor had not yet signed these appropriations and modifications.

¹⁵The *Mississippi Home Corporation* is a government instrumentality, separate and apart from the state, that raises funds from private investors to finance the acquisition, construction, and rehabilitation of housing for persons of low to moderate income in the state.

- requiring state agencies that provide services and support to persons with disabilities to consider, as their first option, competitive employment in an integrated setting for persons with disabilities (H. B. 836);¹⁶ and,
- allowing an additional class of state licensed professionals (e. g., a mental health/intellectual disability program administrator) to supervise small community care facilities for the intellectually disabled to ease expansion of these services into the community (H. B. 1393).

Also, \$500,000 may be provided to the Hope Village for Children if funds are available (S. B. 2867).¹⁷

How DMH’s Strategic Plan Compares to the Attorney General’s Letter of Agreement

The Department of Mental Health’s current strategic plan goals and the Attorney General’s letter of agreement support the need to provide more community-based mental health services.

The Department of Mental Health’s current strategic plan acknowledges the need to provide more community-based mental health services. According to DMH’s Strategic Plan for Fiscal Years 2013-17, the primary goal of the strategic plan is to “drive the transformation of the mental health system into one that is outcomes-oriented and community-based.” The Board of Mental Health developed the following goals to address the transformation of the DMH service system:

- to increase access to community-based care and supports through a network of service providers that are committed to a resiliency and recovery-oriented system of care;
- to utilize information/data management to enhance decision making and service delivery; and,
- to maximize efficient and effective use of human, fiscal, and material resources.

Each of these goals has specific objectives, performance measures, and timelines. For example, the goal of “increasing access to community-based care and supports through a network of service providers that are committed to a resiliency and recovery-oriented system of care” includes multiple objectives, one being “to provide a comprehensive, recovery-oriented system of community supports for persons

¹⁶*Competitive employment* means work in the competitive labor market that is performed on a full-time or part-time basis in an integrated setting and for which a person with a disability is compensated in a manner consistent with applicable wage and hour laws. Pay shall be comparable to the customary wage and level of benefits paid by the employer for the same or similar work performed by persons without disabilities.

¹⁷*Hope Village for Children* is a Meridian-based charity program that provides specialized treatment programs, services, and facilities to meet the needs of neglected and abused children and their families.

transitioning to the community and to prevent out-of-home placements.”

In DMH’s document “Progress Update on Mississippi’s Mental Health System,” dated January 2015, DMH summarizes the DOJ investigation and subsequent interactions. The document refers to Attorney General Hood’s letter to the DOJ outlining tasks that the state would accomplish and acknowledges the legislative appropriation of \$10 million to DMH to increase and improve community services for the state in both the 2013 and 2014 legislative sessions. Then, DMH states “the expansion of community-based services is driven by DMH’s Strategic Plan.” Therefore, DMH’s current strategic plan goals and the Attorney General’s letter of agreement both support the need to provide more community-based mental health services.

How can MSH align its staffing of psychologists with its current and future needs?

Successful transition to providing more community-based mental health services would reduce MSH's patient load, which in turn would reduce the number of staff that would be needed to fulfill the needs of acute care mental health patients at the hospital. However, while the role and scope of the hospital might diminish as community-based programs are implemented, there would be a continued need for the hospital and its staff. DMH and MSH should gather the appropriate data sets regarding the mental health needs of the hospital, the communities, and the state in order for the department to articulate its community-based services strategy, design its implementation process, and reallocate its resources.

This chapter will address:

- MSH's patient-to-psychologist ratio; and,
- implications for future staffing at MSH.

MSH's Patient-to-Psychologist Ratio

As of March 27, 2015, MSH had a patient-to-psychologist ratio of sixty-three patients to one licensed psychologist (63:1).

The Mississippi State Hospital must ensure that it has the appropriate number and type of staff needed to implement evidence-based programs and monitor outcomes. Psychologists are essential to accomplishing these tasks. As of March 27, 2015, MSH had a patient-to-psychologist ratio of sixty-three patients to one licensed psychologist (63:1).

Although neither the MSH nor the Department of Mental Health has specific requirements regarding psychologist staffing at the hospital, as stated in DMH's *Operational Standards for Mental Health, Intellectual/Developmental Disabilities and Substance Abuse Community Service Providers*, 2013, Rule 16.6 (A): "All services and programs must provide the level of staffing needed to ensure the health, safety, and welfare of the individuals served, and provide essential administrative and service functions."

Currently, no staffing guidelines have been mandated by the DOJ in regard to mental health care facilities in Mississippi. However, in the past the DOJ has imposed specific staffing guidelines for mental health care facilities relating to the number of mental health care professionals required per patient in a facility. This staffing requirement ratio has been conditional in several other states negotiating *Olmstead* settlements with the DOJ.

Further complicating the issue of the psychologist-to-patient staffing ratio at MSH is the issue of the state's upcoming transition to a community-based mental health service delivery system.

The ultimate goal would be that successful transition to providing more community-based mental health services would reduce MSH's patient load, which in turn would reduce the number of staff that would be needed to fulfill the needs of acute care mental health patients. However, while Mississippi must show movement toward community-based mental health service delivery, the timeline for this is uncertain, and in order to comply with the DOJ agreement, MSH must seek to provide appropriate psychologist-to-patient ratios for its institutional staff through the transition.

Implications for Future Staffing at MSH

In order to prepare for the transition to community-based delivery of mental health services, both DMH and MSH must take action to gather the appropriate data sets. From that data, DMH can then articulate its community-based services strategy and design its implementation process. Only after such steps have occurred can DMH be confident of what resources will be needed to meet the needs of its patient population, both for MSH and for a community-based system.

In order for DMH and MSH to transition to a community-based service delivery model, both entities must first gather data related to patient populations. This data should inform both DMH and MSH not only of the mental health care needs of the communities, hospital, and the state, but also the resources that will be needed to accomplish their goals. Such information should demonstrate which patient populations are eligible or could be transitioned to a community-based service delivery system and what that redistribution would mean in terms of resources allocated.

Once such data has been gathered, DMH will have a better understanding of what mental health services are most feasible for transition to the community-based system now and in the future. From this information, DMH and MSH can develop a reasonably detailed plan and timeline for service delivery. Once a community-based service delivery transition plan has been clearly articulated, the reallocation of resources needed by both MSH and the community-based providers can be determined through more thorough study.

Both the Director and senior staff of MSH have stated that the goal of the hospital in the future will be to admit and treat persons who pose a risk to themselves and the community who cannot be treated in a community-based facility and others who display the most severe cases of mental disease or disorder. While the role and scope of the hospital might diminish as a community-based programs are implemented, there would be a continued need for the hospital and its staff.

By transitioning to a community-based service delivery model, patient transfers and a reduction of patient census at MSH should occur. By reducing the patient load at MSH from current levels, allocation of resources to MSH in the form of licensed psychologists will become a more manageable exercise. Until MSH knows the future of community-based service delivery in the state and the reduction in the number of patients that could reasonably be expected from it, appropriate staffing levels of psychologists at the hospital will remain an uncertainty.

Appendix A: State-Operated Facilities for Behavioral Health and Treatment of Intellectual and Developmental Disabilities, 2015

State-Operated Facilities for Behavioral Health

These programs are administered by DMH and offer residential and/or community services for mental health, substance abuse, and Alzheimer's disease and other dementia.

- Specialized Treatment Facility, Gulfport
- South Mississippi State Hospital, Purvis
- Mississippi State Hospital, Whitfield
- Central Mississippi Residential Center, Newton
- East Mississippi State Hospital, Meridian
- North Mississippi State Hospital, Tupelo

State-Operated Facilities for Treatment of Intellectual and Developmental Disabilities

- South Mississippi Regional Center, Long Beach
- Boswell Regional Center, Magee
- Hudspeth Regional Center, Whitfield
- Ellisville State School, Ellisville
- North Mississippi Regional Center, Oxford
- Mississippi Adolescent Center, Brookhaven

Appendix B: Job Descriptions for Licensed Psychologist Positions at MSH



Licensed Psychologist I

Class Code:
4041

Bargaining Unit: N/A

STATE OF MISSISSIPPI
Revision Date: Nov 1, 2012

SALARY RANGE

\$66,553.00 - \$116,467.75 Annually

CHARACTERISTICS OF WORK:

This is a beginning supervisory level Licensed Psychologist. This is professional work which involves administering diagnostic psychological techniques designed to appraise intelligence, memory, personality and other psychological functions of individuals and groups. The work also includes individual and group psychotherapy and counseling and psychological research. Supervision is exercised over individuals in the Psychology Associate series, the Psychologist Technician series, and over individuals in the non-licensed psychologist classes.

EXAMPLES OF WORK:

Examples of work performed in this classification include, but are not limited to, the following:

Administers, scores and interprets both routine and complex psychological assessments to determine mental health needs and behavioral health needs.

Supervises employees in the lower classes and is responsible for quality control issues.

Participates and designs research projects.

Attends conferences, work shops, etc., and participates in presentations at such for continued professional development.

Oversees various internal committees (e.g., human rights, assessment committee, research committee).

Performs related or similar duties as required or assigned.

MINIMUM QUALIFICATIONS:

EXPERIENCE/EDUCATIONAL REQUIREMENTS:

Education:

A Doctorate Degree from an accredited four-year college or university in Psychology;

AND

Documentation Required:

Holds a valid psychology license with the State Board of Psychology.

ESSENTIAL FUNCTIONS:

PHYSICAL REQUIREMENTS:
INTERVIEW REQUIREMENTS:

Any candidate who is called to an agency for an interview must notify the interviewing agency in writing of any reasonable accommodation needed prior to the date of the interview.

COMPETENCIES:

The following competencies describe the knowledge, skills, abilities, and attributes that lead to a successful employee in this position. An applicant will be expected to exhibit these competencies or the ability to reach competency achievement within a specified time. These competencies are linked to the essential functions of the job. Employees in this position may be evaluated on these competencies as part of the performance appraisal system. Example behaviors are listed below each competency and are used for illustrative purposes only. Specific behaviors may be identified and included later by the hiring agency. It is understood that some of these behaviors might not be acquired until a reasonable time after hire. Failure of an employee to successfully demonstrate some or all of these competencies, as deemed important by his or her reporting official, may result in the employee being placed on a performance improvement plan. If after a reasonable period of time, usually three (3) months, the employee fails to demonstrate successful performance, the employee may be terminated. These competencies include, but are not limited to, the following:

PUBLIC SECTOR COMPETENCIES:

Integrity: Demonstrates a sense of responsibility and commitment to the public trust through statements and actions.

Models and demonstrates high standards of integrity, trust, openness, and respect for others. Demonstrates integrity by honoring commitments and promises. Demonstrates integrity by maintaining necessary confidentiality.

Work Ethic: Is productive, diligent, conscientious, timely, and loyal.

Conscientiously abides by the rules, regulations, and procedures governing work. Meets deadlines. Work product is of a high quality. Follows through on assigned tasks until they are completed correctly. Takes ownership of tasks and duties.

Service Orientation: Demonstrates a commitment to quality public service through statements and actions.

Seeks to understand and meet and/or exceed the needs and expectations of customers. Treats customers with respect, responding to requests in a professional manner, even in difficult circumstances. Provides accurate and timely service. Develops positive relationships with customers. Obtains first-hand customer information and uses it to improve projects and/or services.

Accountability: Accepts responsibility for actions and results.

Is productive and carries fair share of the workload. Focuses on quality and expends the necessary time and effort to achieve goals. Demonstrates loyalty to the job and the agency and is a good steward for state assets. Steadfastly persists in overcoming obstacles and pushes self for results. Maintains necessary attention to detail to achieve high level performance. Deals effectively with pressure and recovers quickly from setbacks. Takes ownership of tasks, performance standards and mistakes. Knows the organization's mission and functions and how it fits into state government.

Self Management Skills: Effectively manages emotions and impulses and maintains a positive attitude.

Encourage and facilitates cooperation, pride, trust and group identity. Fosters commitment and team spirit. Works effectively and cooperatively with others to achieve goals. Treats all people with respect, courtesy, and consideration. Communicates effectively. Remains open to new ideas and approaches. Avoids conflicts of interest. Promotes cooperation and teamwork. Continuously evaluates, adapts, and

cope effectively with change. Allows self and others to make mistakes and learns from those mistakes. Adheres to high ethical standards.

Interpersonal Skills: Shows understanding, courtesy, tact, empathy, and concern to develop and maintain relationships.

Demonstrates cross-cultural sensitivity and understanding. Identifies and seeks to solve problems and prevent or resolve conflict issues. Encourages others through positive reinforcement. Expresses facts and ideas both verbally and in writing in a clear, convincing and organized manner, helping others translate vision into action. Models appropriate behavior. Recognizes and develops potential in others; mentors. Builds constructive and effective relationships.

Communication Skills: Receives, attends to, interprets, and responds to verbal messages and expresses information to individuals or groups effectively.

Receives nonverbal cues, such as body language in ways that are appropriate to listeners and situations. Takes into account the audience and nature of the information. Listens to others and responds appropriately. May make oral presentations. Communicates ideas, suggestions and concerns as well as outcomes and progress throughout the course of an activity. Provides thorough and accurate information. Can accurately restate the opinions of others even when he/she disagrees.

Self-Development: Adapts behavior or work methods in response to new information, changing conditions, or unexpected obstacles.

Seeks efficient learning techniques to acquire and apply new knowledge and skills. Uses training, feedback, or other opportunities for self-learning and development. Develops and enhances skills to adapt to changing organizational needs. Remains open to change and new information and ideas. Is committed to and actively works to continuously improve himself/herself.

TECHNICAL COMPETENCIES:

Technical Proficiency: The ability and willingness to exhibit competency in the technical areas needed to do a specific job.

Reads, comprehends, and correctly applies all rules, regulations, and policies applicable to work assignments. Performs work with a minimum amount of supervision in areas that are familiar

Workflow Management: The ability and willingness to perform work within defined specifications and timelines and to manage conflicting priorities.

Operates under specific time constraints and within specified deadlines. Effectively prioritizes tasks in order to meet deadlines. Works on appropriate priorities to get the job done.

Problem Solving/Decision Making: The ability and willingness cooperate with other employees in identifying and solving problems in order to effectively and efficiently complete assigned tasks

Exhibits ability to identify and address issues. Ensures that all problems encountered are addressed at the appropriate level and communicates all relevant information on a timely basis with accuracy and completeness. Exercises sound reasoning. Displays the ability and willingness to work with other offices or other divisions in order to collectively complete assigned tasks or problems as that arise

Stakeholder Relations: The ability and willingness to interact and communicate effectively with stakeholders.

Proactively provides stakeholders with proper information in an effort to reduce occurrences of future problems. Supports the agency mission and goals in all interactions with internal and external stakeholders. Acts as an advocate for agency policy.

MANAGEMENT COMPETENCIES:

Emotional Maturity: Conducts oneself in a professional, consistent manner when representing the organization.

Has the ability to work through adversity and hold self and others accountable for work actions. Takes risks appropriate to one's level of responsibility. Acts as a settling influence in a crisis. Exhibits the ability to work through challenges and create opportunities.

Macro-Oriented: Exercises good judgment and makes sound, well-informed decisions.

Understands and appropriately applies procedures, requirements, and regulations related to specialized areas of expertise. Understands the effects of decisions on the organization and on other organizations. Acts as a change agent by initiating and supporting change within the agency when necessary.

Working Through Others: Supports, motivates, and is an advocate for staff

Creates effective teams; shows a willingness to get work done through others. Clearly and comfortably delegates work, trusting and empowering others to perform. Reinforces and rewards team efforts and positive behaviors. Is fair, yet firm with others. Monitors workloads and provides feedback.

Results Oriented: Plans effectively to achieve or exceed goals, sets and meets deadlines.

Identifies, analyzes, and solves problems. Develops standards of performance and know what and how to measure.

Resource Management: Acquires, effectively and efficiently administers, and allocates human, financial, material, and information resources.

Demonstrates ability to plan, prioritize, and organize.

MSPB/AGENCY USE ONLY - NOTES/COMMENTS:



Licensed Psychologist II

Class Code:
4043

Bargaining Unit: N/A

STATE OF MISSISSIPPI
Revision Date: Jul 1, 2007

SALARY RANGE

\$73,138.50 - \$127,992.38 Annually

CHARACTERISTICS OF WORK:

This is a supervisory level Licensed Psychologist. This is professional work which involves administering diagnostic psychological techniques designed to appraise intelligence, memory, personality and other psychological functions of individuals and groups. The work also includes individual and group psychotherapy and counseling and psychological research. Supervision is exercised over individuals in the Psychology Associate series, the Psychologist Technician series, and over individuals in the non-licensed psychologist classes.

EXAMPLES OF WORK:

Examples of work performed in this classification include, but are not limited to, the following:

Administers, scores and interprets both routine and complex psychological assessments to determine mental health needs and behavioral health needs.

Designs and implements behavioral health interventions.

Supervises employees in the lower classes and is responsible for quality control issues.

Participates and designs research projects.

Attends conferences, work shops, etc., and participates in presentations at such for continued professional development.

Oversees various internal committees (e.g., human rights, assessment committee, and research committee).

Provides assistance to the Internship Director and serves as liaison between psychology interns and the Intern Director.

Performs related or similar duties as required or assigned.

MINIMUM QUALIFICATIONS:

EXPERIENCE/EDUCATIONAL REQUIREMENTS:

Education:

A Doctorate Degree from an accredited four-year college or university in Psychology;

AND

Experience:

Two (2) years of experience post-licensure.

Documentation Required:

Holds a valid psychology license with the State Board of Psychology.

PHYSICAL REQUIREMENTS:
INTERVIEW REQUIREMENTS:

Any candidate who is called to an agency for an interview must notify the interviewing agency in writing of any reasonable accommodation needed prior to the date of the interview.

COMPETENCIES:

The following competencies describe the knowledge, skills, abilities, and attributes that lead to a successful employee in this position. An applicant will be expected to exhibit these competencies or the ability to reach competency achievement within a specified time. These competencies are linked to the essential functions of the job. Employees in this position may be evaluated on these competencies as part of the performance appraisal system. Example behaviors are listed below each competency and are used for illustrative purposes only. Specific behaviors may be identified and included later by the hiring agency. It is understood that some of these behaviors might not be acquired until a reasonable time after hire. Failure of an employee to successfully demonstrate some or all of these competencies, as deemed important by his or her reporting official, may result in the employee being placed on a performance improvement plan. If after a reasonable period of time, usually three (3) months, the employee fails to demonstrate successful performance, the employee may be terminated. These competencies include, but are not limited to, the following:

PUBLIC SECTOR COMPETENCIES:

Integrity: Demonstrates a sense of responsibility and commitment to the public trust through statements and actions.

Models and demonstrates high standards of integrity, trust, openness, and respect for others. Demonstrates integrity by honoring commitments and promises. Demonstrates integrity by maintaining necessary confidentiality.

Work Ethic: Is productive, diligent, conscientious, timely, and loyal.

Conscientiously abides by the rules, regulations, and procedures governing work. Meets deadlines. Work product is of a high quality. Follows through on assigned tasks until they are completed correctly. Takes ownership of tasks and duties.

Service Orientation: Demonstrates a commitment to quality public service through statements and actions.

Seeks to understand and meet and/or exceed the needs and expectations of customers. Treats customers with respect, responding to requests in a professional manner, even in difficult circumstances. Provides accurate and timely service. Develops positive relationships with customers. Obtains first-hand customer information and uses it to improve projects and/or services.

Accountability: Accepts responsibility for actions and results.

Is productive and carries fair share of the workload. Focuses on quality and expends the necessary time and effort to achieve goals. Demonstrates loyalty to the job and the agency and is a good steward for state assets. Steadfastly persists in overcoming obstacles and pushes self for results. Maintains necessary attention to detail to achieve high level performance. Deals effectively with pressure and recovers quickly from setbacks. Takes ownership of tasks, performance standards and mistakes. Knows the organization's mission and functions and how it fits into state government.

Self Management Skills: Effectively manages emotions and impulses and maintains a positive attitude.

Encourage and facilitates cooperation, pride, trust and group identity. Fosters commitment and team spirit. Works effectively and cooperatively with others to achieve goals. Treats all people with respect, courtesy, and consideration. Communicates effectively. Remains open to new ideas and approaches. Avoids conflicts of interest. Promotes cooperation and teamwork. Continuously evaluates, adapts, and copes effectively with change. Allows self and others to make mistakes and learns from those mistakes. Adheres to high ethical standards.

Interpersonal Skills: Shows understanding, courtesy, tact, empathy, and concern to develop and maintain relationships.

Demonstrates cross-cultural sensitivity and understanding. Identifies and seeks to solve problems and prevent or resolve conflict issues. Encourages others through positive reinforcement. Expresses facts and ideas both verbally and in writing in a clear, convincing and organized manner, helping others translate vision into action. Models appropriate behavior. Recognizes and develops potential in others; mentors. Builds constructive and effective relationships.

Communication Skills: Receives, attends to, interprets, and responds to verbal messages and expresses information to individuals or groups effectively.

Receives nonverbal cues, such as body language in ways that are appropriate to listeners and situations. Takes into account the audience and nature of the information. Listens to others and responds appropriately. May make oral presentations. Communicates ideas, suggestions and concerns as well as outcomes and progress throughout the course of an activity. Provides thorough and accurate information. Can accurately restate the opinions of others even when he/she disagrees.

Self-Development: Adapts behavior or work methods in response to new information, changing conditions, or unexpected obstacles.

Seeks efficient learning techniques to acquire and apply new knowledge and skills. Uses training, feedback, or other opportunities for self-learning and development. Develops and enhances skills to adapt to changing organizational needs. Remains open to change and new information and ideas. Is committed to and actively works to continuously improve himself/herself.

TECHNICAL COMPETENCIES:

Technical Proficiency: The ability and willingness to exhibit competency in the technical areas needed to do a specific job.

Reads, comprehends, and correctly applies all rules, regulations, and policies applicable to work assignments. Performs work with a minimum amount of supervision in areas that are familiar

Workflow Management: The ability and willingness to perform work within defined specifications and timelines and to manage conflicting priorities.

Operates under specific time constraints and within specified deadlines. Effectively prioritizes tasks in order to meet deadlines. Works on appropriate priorities to get the job done.

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Exhibits ability to identify and address issues. Ensures that all problems encountered are addressed at the appropriate level and communicates all relevant information on a timely basis with accuracy and completeness. Exercises sound reasoning. Displays the ability and willingness to work with other offices or other divisions in order to collectively complete assigned tasks or problems as that arise

Stakeholder Relations: The ability and willingness to interact and communicate effectively with stakeholders.

Proactively provides stakeholders with proper information in an effort to reduce occurrences of future

problems. Supports the agency mission and goals in all interactions with internal and external stakeholders. Acts as an advocate for agency policy.

MANAGEMENT COMPETENCIES:

Emotional Maturity: Conducts oneself in a professional, consistent manner when representing the organization.

Has the ability to work through adversity and hold self and others accountable for work actions. Takes risks appropriate to one's level of responsibility. Acts as a settling influence in a crisis. Exhibits the ability to work through challenges and create opportunities.

Macro-Oriented: Exercises good judgment and makes sound, well-informed decisions.

Understands and appropriately applies procedures, requirements, and regulations related to specialized areas of expertise. Understands the effects of decisions on the organization and on other organizations. Acts as a change agent by initiating and supporting change within the agency when necessary.

Working Through Others: Supports, motivates, and is an advocate for staff

Creates effective teams; shows a willingness to get work done through others. Clearly and comfortably delegates work, trusting and empowering others to perform. Reinforces and rewards team efforts and positive behaviors. Is fair, yet firm with others. Monitors workloads and provides feedback.

Results Oriented: Plans effectively to achieve or exceed goals, sets and meets deadlines.

Identifies, analyzes, and solves problems. Develops standards of performance and know what and how to measure.

Resource Management: Acquires, effectively and efficiently administers, and allocates human, financial, material, and information resources.

Demonstrates ability to plan, prioritize, and organize.



Licensed Psychologist, Administrator

Class Code:
4052

Bargaining Unit: N/A

STATE OF MISSISSIPPI
Revision Date: Jul 1, 2007

SALARY RANGE

\$80,382.56 - \$140,669.48 Annually

CHARACTERISTICS OF WORK:

This is upper supervisory level Licensed Psychologist work which involves the administration of a department, program, division, or bureau that, in addition to requiring administrative experience, requires or would benefit from the special competencies and qualifications of a licensed psychologist. This is professional work which involves administering diagnostic psychological techniques designed to appraise intelligence, memory, personality and other psychological functions of individuals and groups. The work also includes individual and group psychotherapy and counseling and psychological research. Supervision is exercised over individuals in the Psychology Associate series, the Psychologist Technician series, and over individuals in the non-licensed psychologist classes.

EXAMPLES OF WORK:

Examples of work performed in this classification include, but are not limited to, the following:

Serves in an administrative capacity for a department, program, division, or bureau and serves as a direct liaison between the psychology department and the Agency Director, as well as serves as chief quality assurance officer for behavioral health/psychological services.

Administers, scores and interprets both routine and complex psychological assessments to determine mental health needs and behavioral health needs.

Supervises employees in the lower classes and is responsible for quality control issues.

Participates in and designs research projects to assess or monitor such things as service needs, program efficacy, customer satisfaction, and staff attribution and retention.

Attends conferences, work shops, etc., and participates in presentations at such for continued professional development.

Oversees various internal committees (e.g., human rights, assessment committee, and research committee).

Serves as Internship Director and may serve as liaison between the Clinical Director.

Performs related or similar duties as required or assigned.

MINIMUM QUALIFICATIONS:

EXPERIENCE/EDUCATIONAL REQUIREMENTS:

Education:

A Doctorate Degree from an accredited four-year college or university in Psychology;

AND

Experience:

Four (4) years of experience post-licensure.

Documentation Required:

Holds a valid psychology license with the State Board of Psychology.

ESSENTIAL FUNCTIONS:

PHYSICAL REQUIREMENTS:

INTERVIEW REQUIREMENTS:

Any candidate who is called to an agency for an interview must notify the interviewing agency in writing of any reasonable accommodation needed prior to the date of the interview.

COMPETENCIES:

The following competencies describe the knowledge, skills, abilities, and attributes that lead to a successful employee in this position. An applicant will be expected to exhibit these competencies or the ability to reach competency achievement within a specified time. These competencies are linked to the essential functions of the job. Employees in this position may be evaluated on these competencies as part of the performance appraisal system. Example behaviors are listed below each competency and are used for illustrative purposes only. Specific behaviors may be identified and included later by the hiring agency. It is understood that some of these behaviors might not be acquired until a reasonable time after hire. Failure of an employee to successfully demonstrate some or all of these competencies, as deemed important by his or her reporting official, may result in the employee being placed on a performance improvement plan. If after a reasonable period of time, usually three (3) months, the employee fails to demonstrate successful performance, the employee may be terminated. These competencies include, but are not limited to, the following:

PUBLIC SECTOR COMPETENCIES:

Integrity: Demonstrates a sense of responsibility and commitment to the public trust through statements and actions.

Models and demonstrates high standards of integrity, trust, openness, and respect for others. Demonstrates integrity by honoring commitments and promises. Demonstrates integrity by maintaining necessary confidentiality.

Work Ethic: Is productive, diligent, conscientious, timely, and loyal.

Conscientiously abides by the rules, regulations, and procedures governing work. Meets deadlines. Work product is of a high quality. Follows through on assigned tasks until they are completed correctly. Takes ownership of tasks and duties.

Service Orientation: Demonstrates a commitment to quality public service through statements and actions.

Seeks to understand and meet and/or exceed the needs and expectations of customers. Treats customers with respect, responding to requests in a professional manner, even in difficult circumstances. Provides accurate and timely service. Develops positive relationships with customers. Obtains first-hand customer information and uses it to improve projects and/or services.

Accountability: Accepts responsibility for actions and results.

Is productive and carries fair share of the workload. Focuses on quality and expends the necessary time and effort to achieve goals. Demonstrates loyalty to the job and the agency and is a good steward for state assets. Steadfastly persists in overcoming obstacles and pushes self for results. Maintains necessary attention to detail to achieve high level performance. Deals effectively with pressure and recovers quickly from setbacks. Takes ownership of tasks, performance standards and mistakes. Knows the organization's mission and functions and how it fits into state government.

Self Management Skills: Effectively manages emotions and impulses and maintains a positive attitude.

Encourage and facilitates cooperation, pride, trust and group identity. Fosters commitment and team spirit. Works effectively and cooperatively with others to achieve goals. Treats all people with respect, courtesy, and consideration. Communicates effectively. Remains open to new ideas and approaches. Avoids conflicts of interest. Promotes cooperation and teamwork. Continuously evaluates, adapts, and copes effectively with change. Allows self and others to make mistakes and learns from those mistakes. Adheres to high ethical standards.

Interpersonal Skills: Shows understanding, courtesy, tact, empathy, and concern to develop and maintain relationships.

Demonstrates cross-cultural sensitivity and understanding. Identifies and seeks to solve problems and prevent or resolve conflict issues. Encourages others through positive reinforcement. Expresses facts and ideas both verbally and in writing in a clear, convincing and organized manner, helping others translate vision into action. Models appropriate behavior. Recognizes and develops potential in others; mentors. Builds constructive and effective relationships.

Communication Skills: Receives, attends to, interprets, and responds to verbal messages and expresses information to individuals or groups effectively.

Receives nonverbal cues, such as body language in ways that are appropriate to listeners and situations. Takes into account the audience and nature of the information. Listens to others and responds appropriately. May make oral presentations. Communicates ideas, suggestions and concerns as well as outcomes and progress throughout the course of an activity. Provides thorough and accurate information. Can accurately restate the opinions of others even when he/she disagrees.

Self-Development: Adapts behavior or work methods in response to new information, changing conditions, or unexpected obstacles.

Seeks efficient learning techniques to acquire and apply new knowledge and skills. Uses training, feedback, or other opportunities for self-learning and development. Develops and enhances skills to adapt to changing organizational needs. Remains open to change and new information and ideas. Is committed to and actively works to continuously improve himself/herself.

TECHNICAL COMPETENCIES:

Technical Proficiency: The ability and willingness to exhibit competency in the technical areas needed to do a specific job.

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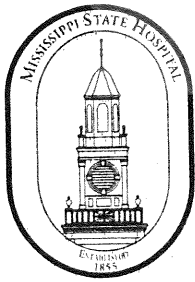
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MSPB/AGENCY USE ONLY - NOTES/COMMENTS:



Agency Response

MISSISSIPPI STATE HOSPITAL

P.O. BOX 157-A, WHITFIELD, MS 39193

(601) 351-8000

WWW.MSH.STATE.MS.US

James G. Chastain, FACHE
Director

May 6, 2015



Max K. Arinder, Ph.D.
Executive Director
PEER Committee
Post Office Box 1204
Jackson, MS 39215-1204

Re: PEER Report Entitled "Staffing of Psychologists at the Mississippi State Hospital in a Changing Mental Health Delivery System"

Dear Dr. Arinder,

Mississippi State Hospital is very proud of its Doctoral Internship in Professional Psychology program, and the recent notification of re-accreditation until 2021. We are pleased that the above mentioned PEER Report confirmed that the anonymous complaint alleging that Mississippi State Hospital was in jeopardy of losing this accreditation was without merit.

We are also pleased with your finding that the Mississippi Department of Mental Health's strategic plan goals and the Attorney General's letter of agreement with the United States Department of Justice both support the need to provide more community-based mental health services. As the State of Mississippi faces the challenges of the future, the MSH Doctoral Internship in Professional Psychology Program will remain an asset for the development of licensed psychology professionals. This is true whether the need is to provide psychological services in an acute inpatient setting such as Mississippi State Hospital, or to provide psychological services that may be necessary in carrying out the Department of Mental Health's current strategic plan to provide more community based mental health services.

In regards to the statement in PEER's report referencing "gathering data sets" in order to "articulate" a strategy/design as it relates to reallocation of resources involving Mississippi State Hospital and community based services", it is important to understand that there is no identifiable patient population being retained and treated on a service at Mississippi State Hospital that is ready for transition to the community. Patients are discharged when their clinical treatment team determines they no longer pose a danger to themselves or others and they meet discharge criteria. Thus, data of this type does not exist. Additionally, DMH has articulated and is implementing its community-based services expansion strategy with the support of increased funding requested of and appropriated by the state legislature. The strategy does not currently include reallocation of resources used to provide inpatient services as these services must remain available at their current capacity until such time that increased community-based service capacity brings about reduced demand for and reliance upon inpatient services. It is difficult if not impossible to predict if or when reduced demand for inpatient services will occur in the future.

In closing, we wish to express our appreciation for the professionalism demonstrated by the PEER staff who conducted this investigation.

Sincerely yours,

JAMES G. CHASTAIN, FACHE
Director

PEER Committee Staff

Max Arinder, Executive Director
James Barber, Deputy Director
Ted Booth, General Counsel

Administration

Tracy Bobo
Larry Landrum
Rosana Slawson
Gale Taylor

Reapportionment

Ben Collins

Evaluation

Kim Cummins
Matthew Dry
Lonnie Edgar
Barbara Hamilton
Matthew Holmes
Barton Norfleet
Angela Norwood
Jennifer Sebren
Jenell Ward
Ava Welborn
Sarah Williamson
Julie Winkeljohn
Ray Wright

Performance Budgeting

David Pray
MeriClare Steelman
Linda Triplett