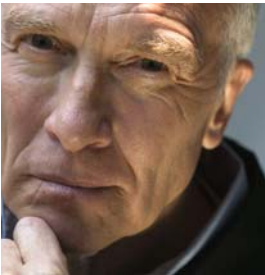


Mississippi Profile

SUMMER 2010

Information Publication from the Mississippi Department of Mental Health

SMSH Celebrates 10 Years



Supporting a Better Tomorrow... Today

South Mississippi State Hospital (SMSH) in Purvis celebrated its 10th anniversary on June 17. DMH officials, Friends of SMSH members, community members, legislators and SMSH staff attended a reception sponsored by the Friends of SMSH organization, marking a decade of service at the Purvis facility.

In preparation for the anniversary, the concept of a butterfly's metamorphosis was compared to the changes SMSH patients go through as they adjust to prescribed medications and learn skills to live productively and cope with their illnesses. "Butterfly Effects" was eventually chosen as the celebration theme. The things SMSH staff members do to help their patients, although they may seem small, are hoped to have a much larger impact on them than can ever be realized.

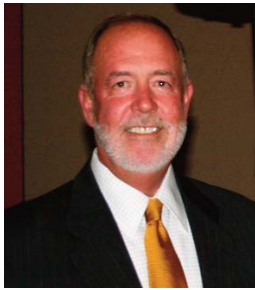
During the reception, guests and staff participated in a butterfly release in the hospital's courtyard, setting 60 Painted Lady butterflies free near campus flowers. Ninety butterflies were released by the facility's patients and staff only days prior to the reception at an event for patients. The touching ceremony of the butterfly releases emphasized the theme of the celebration.

SMSH is an acute-care, regional psychiatric facility that provides services for adults with mental illness in Lamar, Forrest, Marion, Perry, Greene, Wayne, Jones, Covington and Jefferson Davis counties.

The hospital, which was recommended for closure by Governor Barbour this past fall, has more reason to celebrate because the facility has been allocated budget money to continue operating in FY 2011. The facility has been dealt more than \$1 million in cuts during the past fiscal year.



Executive Director's Message



As your executive director, it is my responsibility to ensure that DMH is providing services to those in need in our state. As you are aware, this is becoming increasingly difficult as Mississippi faces the worst financial crisis of our lifetime.

Over the last three years, DMH's funding was cut more than \$20 million. On top of those cuts, DMH was required to fund about \$12 million additional Medicaid match for community programs, money that was not given to us by the Legislature. In the current year, that number will grow to \$16 million, also not given to us. We have absorbed these cuts by using non-recurring revenue and cash balances, coupled with reductions of services spread across many of our facilities.

We have closed early intervention programs across the state, more than 200 beds at Mississippi State Hospital, and a dorm at the Mississippi Adolescent Center. In addition, we have implemented a redesign of the Crisis Intervention Centers, reduced grants provided to non-profits, and delayed funding for building renovation projects and equipment. Similar reductions have occurred elsewhere, including many non-Medicaid services at facilities that serve individuals with intellectual and developmental disabilities. But, we are now at the point where we cannot rely on cash balances to fund continuing operations, as those sources are exhausted.

In September, we will present two plans to the Legislative Budget Committee – a best-case scenario and a worst-case scenario. We will request an additional \$44 million which will be needed to continue all existing DMH services, replace stimulus funding and pay our expected share of Community Mental Health Center Medicaid match.

We will continue to look at every means possible to reduce costs. Our goal is to continue to take care of the patients and clients we serve and protect jobs. I want to reassure you that we will do the very best we can under these circumstances.

Sincerely yours,

Edwin C. LeGrand III
Executive Director

Mississippi Profile



Summer 2010

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Executive Director

Wendy D. Bailey, Editor

The Mississippi Profile is devoted to providing the public with information about services provided or administered by the Mississippi Department of Mental Health. It also strives to increase public awareness and knowledge about mental illness, mental retardation/developmental disabilities, substance abuse, and Alzheimer's disease and other dementia to improve health and quality of life.

This publication is free of charge to persons interested in mental health, mental retardation/developmental disabilities, substance abuse, Alzheimer's disease and other dementia, the Mississippi Department of Mental Health, or the individuals it serves.

It is the policy of the Mississippi Department of Mental Health to comply with federal and state laws assuring equal opportunities of employment and services.

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Board of Mental Health Appoints New Leadership

Hon. J. Richard Barry of Meridian has been named the Board of Mental Health Chairperson. Mr. Barry is partner in the law firm of Hammock, Barry, Thaggard and May, LLP.



Mr. Barry received his law degree from the University of Mississippi. He is a member of the American Bar Association, Mississippi Bar Association, Lauderdale County Bar Association and the American Health Lawyers Association. Mr. Barry was appointed to the State Board of Mental Health by Governor Haley Barbour in June 2005.

Robert Landrum of Ellisville has been named the Board of Mental Health Vice-Chairperson. Mr. Landrum serves on the board as a parent and also works at Jones County Junior College.



Mr. Landrum has served on the Board of Mental Health since 1994. He has also served on Ellisville State School Parent's Association and the Mississippi Developmental Disabilities Planning Council. In 2005, he received the James "Jimmy" Stubbs Award, Commitment of Volunteer Service to Mississippians with Mental Retardation, Mental Illness, and Chemical Dependencies.

"We are very pleased to have Mr. Barry and Mr. Landrum serve in leadership roles for the Board of Mental Health," said Ed LeGrand, DMH Executive Director. "Their knowledge and expertise are invaluable. Their dedication will ensure we continue to move towards a better tomorrow."

2010 Alzheimer's Conference Scheduled for August 18-20

The emotional, physical and financial toll can be difficult for the estimated 52,000 Mississippians diagnosed with Alzheimer's disease. In an effort to address the needs of people suffering from or caring for someone with Alzheimer's disease, DMH's Division of Alzheimer's Disease and Other Dementia is sponsoring the 11th Annual Conference on Alzheimer's Disease and Psychiatric Disorders in the Elderly. "We're All in This Together" will be held August 18 – 20 at the Whispering Woods Conference Center in Olive Branch.

Guest speakers include Dr. Margaret Kea Cassada, past Chair of the Board of Mental Health; Ms. Joanne Koenig Coste, author of the book Learning to Speak Alzheimer's: A Habilitative Approach; Ms. Shelley Bluethmann, Early Stage Initiative Coordinator of the Alzheimer's Association; and a day program panel moderated by Ms. Ruthann Shelton, Executive Director of Alzheimer's Day Services of Memphis.

Break out session topics include a legal panel featuring Elder Lawyers from across the state, therapeutic activities, dealing with fighting families, disaster preparedness, and others. An ethics panel featuring the film, *Last Rights: Facing End-of-Life Choices*, followed by a panel discussion will focus on ethical, legal, and spiritual aspects of end-of-life decisions. The Conference will conclude with an awards breakfast featuring motivational speaker and business woman, Margo Hemphill.

DMH's Division of Alzheimer's will launch the Shatter the Silence - Suicide Prevention in the Elderly campaign and the Silver Alert Training Initiative, a collaborative effort with the Mississippi Department of Public Safety, Mississippi Nurses Association, and the Alzheimer's Association Mississippi Chapter at the Conference. A Legislative Forum, hosted by Region 4, will also take place. More than 50 vendors have committed to display at the Conference.

A variety of Continuing Education credits have been applied for, including NASW-TN and NAB. Additional Continuing Education and registration information can be found on DMH's Web site at www.dmh.ms.gov. For more information, contact DMH at 601-359-1288.

Gulf Coast Oil Spill - Dealing with Stress

Citizens on the Mississippi Gulf Coast are used to picking up the pieces and working hard to restore their lives. This ability to bounce back, known as resilience, is usually learned through surviving hard times. Gulf Coast residents and businesses have already seen their share of tragedy with Hurricane Katrina. With an ironic twist of fate, once again tragedy strikes, this time man-made.

The oil drilling business is dangerous and there are explosions and fires, but the spill caught everyone off guard from the initial event to the daily increasing magnitude of its long term effects. Residents, business owners, wildlife and sports enthusiasts and other patrons of the area must draw on the same emotional strength to adjust to the adversities this man-made disaster has created as when familiar natural disasters confront us.

Most people cope better with tragedies by first being well informed on the issues and understanding the worse-case possibilities. Then, develop personal, family and/or business plans with specific steps to address the impact. Be patient with yourself, your family and those who are trying to help.

“Initial reactions of shock, disbelief, anger, anxiety, frustration and helplessness are common feelings

in such situations,” said Mardi Allen, Mississippi Department of Mental Health Clinical Liaison. “With effort, this same emotional energy can be redirected toward productive actions which have been shown to foster a sense of hope. Stay connected with friends, relatives and volunteers who are offering to assist.”

For individuals who were already having difficulty coping with prior emotional issues, it is recommended that they seek professional assistance during this stressful time. When emotional health is already fragile, extreme stress could have devastating results.

Concerned citizens, not personally affected, but emotionally affected by the oil spill can find ways to contribute to efforts to restore the Gulf Coast by volunteering time to reputable organizations taking part in the clean-up.

For more information on mental health services, contact the DMH Helpline at 1-877-210-8513. Trained DMH staff members are on duty 24 hours a day, 7 days a week.

The following are several signs that adults may need help in managing stress:

- *Insomnia or difficulty sleeping;*
- *Dizziness or difficulty maintaining balance;*
- *Momentary speech loss, difficulty communicating thoughts or limited attention span;*
- *Temper loss, dramatic mood swings or becoming easily frustrated;*
- *Increased use of drugs and alcohol;*
- *Headaches and stomach problems; and*
- *Disorientation, confusion, fear of crowds, strangers or being alone.*

DMH Requests Funding from BP for Mental Health Services

The Mississippi Department of Mental Health (DMH) has requested from BP a behavioral health impact mitigation fund of \$10 million to administer grants to public and private mental health providers in the areas impacted by the oil spill from July 1, 2010 – January 1, 2011. After that, another grant of \$10 million to cover behavioral health impact mitigation for the next three years may be requested which would be reviewed each year depending on utilization.

“Due to the Deepwater Horizon oil spill, Mississippians on the Gulf Coast are forced to endure difficult times,” said Ed LeGrand, DMH Executive Director. “Individuals are still recovering from Hurricane Katrina, the worst natural disaster in our nation’s history, and hurricane season has begun anew. When emotional health is already vulnerable due to these other factors extreme stress can have devastating results.”

Service providers, already stretched to capacity, are reporting spikes in domestic violence and substance abuse, and expect to see a spike in anxiety, depression, and suicide ideation. The Substance Abuse and Mental Health Services Administration Emergency Mental Health and Traumatic Stress division suggest that, left unmitigated, disaster-cause reactions can manifest later as depressive disorders, posttraumatic stress disorder (PTSD), dissociative disorders, paranoia and suicidal behavior. The Mississippi call center for the National Suicide Prevention Lifeline currently receives its highest call volume from the coastal counties.

“Even with the increase that our community mental health centers are already seeing in the areas of substance abuse and domestic violence, the true mental health impact of this disaster has not hit these communities yet,” said Scott Sumrall, DMH Disaster Preparedness and Response Coordinator.

“Without an outreach program, the typical disaster responses of anxiety, frustration, and stress may go



unattended as many of these people will not seek mental health services,” said Sumrall. “If these reactions go untreated, long-term reaction will be more prevalent, and when those individuals reach a point that they must seek mental health treatment, then our system will be overwhelmed.”

DMH intends that these funds be used for the creation of crisis teams and to supplement clinical mental health services in the affected areas. Traditionally, DMH’s crisis teams have helped people in numerous ways including filling out paper work, linking individuals to resources, and offering a listening ear. DMH has previous experience in developing a mental health crisis response program and already has a blueprint in place. Supportive counseling and teaching resilience skills can make a positive impact in the lives of individuals dealing with disasters.

“Many of the individuals affected do not typically take initiative to seek mental health services,” said LeGrand. “It is vital for us to take a proactive approach. By providing funds, BP will be investing in individuals’ mental health through early intervention which may impact long-term physical and mental health needs.”

Louisanna and Florida have also submitted requests for a behavioral health impact mitigation fund.

DMH Launches Project Hope for Tornado Victims



In response to recent tornadoes, DMH received a grant for a six week crisis counseling program which ran from May 17 to June 28.

Crisis Counselors provided outreach, group and individual assessment and crisis counseling, information and referral, educational services, and psychological first aid.

“During a disaster like the tornado of April 24, 2010, no one goes unaffected,” said Scott Sumrall, DMH Disaster Preparedness and Response Director. “Project Hope provide federal funding to help out in the areas that were devastated by

the storm. The Community Mental Health Centers just don’t have the man power or the time to be able to help everyone who was affected by these storms, and these Crisis Counselors provided additional man power to make sure that the needs of the people of Mississippi are met.”

Services were provided in the federally declared disaster areas which include: Attala, Holmes, Choctaw, Oktibbeha, Union, Monroe, Warren, and Yazoo counties. Warren-Yazoo Mental Health Services will provide services for Attala, Choctaw, Holmes, Warren, and Yazoo counties.

Life Help and Community Counseling Services agreed to allow Region 15 to send Crisis Counselors into their catchment areas. All referrals by the Crisis Counselors were made to the CMHC of the county where the individual lived.

Health Fair for Children's Mental Health

As part of National’s Children Mental Health Awareness Week, DMH and Mississippi Families As Allies for Children’s Mental Health (MFAACMH) hosted a health fair on May 3 at Jackson Medical Mall. A special program was held at 10 a.m. which included a proclamation read by City of Jackson Mayor Harvey Johnson. The program also included speakers from DMH, MSFAACMH, and a young adult who shared his personal story, along with a performance by students from Woodville Elementary School in Jackson. Vendors were available with information about children’s mental health.



Pictured above is Wendy Mahoney, MFAACMH Executive Director; Sandra Parks, Director of the Division of Children and Youth Services; City of Jackson Mayor Harvey Johnson; Ed LeGrand, DMH Executive Director; and Kimberly Jones, MFAACMH Board President.

DMH Transfers Crisis Intervention Centers



In July, DMH began the process to transfer the Crisis Intervention Centers (CICs) to community mental health centers across the state. During the 2010 Legislative Session, DMH advocated for the redesign of the six CICs which were recommended for closure in the Governor's budget recommendation. By redesigning the CICs, DMH was able to prevent closure and provide voluntary access for individuals who are in need of immediate services.

Previously, the CICs were operated by DMH psychiatric facilities. This meant an individual needed a commitment order before he/she could receive treatment. By redesigning the CICs, an individual can now receive treatment voluntarily. In addition, the individual will already be connected with their local community mental health center.

The CIC redesign has many positive benefits including:

- The redesign will help us move towards reducing the use of jails for people waiting for civil commitment orders.

- If an individual is transitioned out of an acute setting that is community-based, there will be an increase in continuity of care due to the fact that the individual will be able to continue outpatient services many times with the same community service provider while also relying on their natural support system. Individuals will be able to stay connected to their community mental health provider while psychiatric stabilization services are provided.

- Medication compliance will improve due to the fact that when an individual enters a CIC to be stabilized, they will be seen by physicians at the community mental health center which may have already been providing care to the individual. The CIC will have a record of the individuals and know what medications to use for stabilization.

- The redesign will allow individuals with serious mental illnesses to access the psychiatric services they need on a voluntary basis before they decompensate to the point of meeting involuntary commitment criteria.

Crisis Intervention Center Transfers

- Corinth - Timber Hills Mental Health Services
- Batesville - Timber Hills Mental Health Services
- Cleveland - Delta Community Mental Health Services
- Laurel - Pine Belt Mental Healthcare Resources
- Grenada - Life Help
- Newton - Central Mississippi Residential Center
- Brookhaven – Region 8 Mental Health Services

DMH MISSION

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

MS State Hospital Offers WRAP Services

Mississippi State Hospital's Community Services division is no longer only located in Jackson.

The Community Integration Program, a new Community Services initiative, began taking place on the MSH campus in July. It is not only an expansion of the hospital's community services offerings, but an effort to prevent a problem that is unfortunately not uncommon – patients finding themselves discharged from a mental health facility, only to end up readmitted a short time later.

"We want people to realize their full potential, in the least restrictive environment," MSH Clinical Services Director Dr. Lydia Weisser said. "I don't think anyone comes to a hospital saying they would like to live there their entire life. When you go to the hospital, you plan on getting well and getting out. We would like them to have the same kind of hope, that they can get better and live in the community just like we do."

The Community Integration Program will at first consist of 16 beds on the MSH campus in a building that was closed a couple of years ago, but is being reopened and repurposed specifically for Community Services.

"There is a need to address challenges in the continuum of care," said Dr. Cynthia Johnson, director of MSH Community Services. "This is an intensive training program specifically to address skill deficits that have resulted in a lack of success in community placement."

In other words, some individuals may leave a hospital only to end up without some of the basic skills others take for granted, things like cooking, cleaning or self-administering medication. That kind of comprehensive care is primarily done by caregivers when an individual is hospitalized.

Without the proper instruction in these skills, or without the daily practice, those skills can either fall by the wayside, or never become firmly rooted in the first place.

Patients who move for the program will be self-administering medication, cooking their own meals and participating in basic household management activities and learning a variety of recovery skills and concepts.

between Community Services and Inpatient Services, not only from the staffing perspective, but from the training and communication perspective. Johnson said it will be an intense, 12-hour training day that will first run six days a week. Once it is being well implemented and staff has adjusted to the new curriculum, it will be active seven days a week.

What it will not be, however, is a long-term program in which patients stay for extended periods of time. "The expectation is that a couple of weeks will be appropriate," Johnson said.

While the Community Integration Program will be a part of Community Services, only Mississippi State Hospital patients will be taking part in it. They will be considered on pass from the hospital while they participate in the program and begin learning the skills they will need to be successful after leaving.

"They're actually going to be implementing a lot of the training and programming on the units now," Weisser said. "So this will be consistent throughout the campus, and everyone will be doing it."

Johnson said staff from the Adult Education department will be the training staff who work to develop and implement the curriculum used, and they will also communicate with treatment teams about progress and follow up with community mental health centers in regards to former patients' progress.

Two of those adult education instructors have been trained in WRAP, the Wellness Recovery Action Plan. Adhering to the recovery model of care, WRAP is based on the experiences of others who have lived with mental illnesses and focuses on helping those living with them to achieve long-term stability. Chief among the WRAP and recovery concepts are those mentioned by Johnson and Weisser: hope, empowerment and the realization that everyone has potential.

Recovery and use of the recovery model have taken hold in mental health treatment across the country, and Mississippi is no exception. The move towards more community-based care is a further implementation of this model in the Mississippi Department of Mental Health. Johnson said that similar programs could be implemented at other DMH facilities across the state.

"It's exciting, and it's exciting to see the support we're getting," she said.

News & Updates

- Desoto County is now a participant of Region IV Mental Health Services.
- Lincoln County is now a participant of Region 8 Mental Health Services.
- DMH, in conjunction with NAMI-MS, MS Families As Allies for Children's Mental Health and Catholic Charities, celebrated Bebe Moore Campbell National Minority Mental Health Awareness Month in July to raise awareness about severe mental illness in diverse communities.
- The 2nd Annual Mississippi Physician's Conference on Alzheimer's Disease will be held Tuesday, August 17, at the Whispering Woods Conference Center in Olive Branch. Topics include advances in research, the relationship between insulin resistance and dementia, the Silver Alert Training Initiative including wandering prevention, and viewing of the film entitled, *Last Rights: Facing End-of-Life Issues*. For more information visit www.dmh.ms.gov or call 601-359-1288.

Words Do Matter

Do words really matter? Just ask the over four hundred thousand people with disabilities in Mississippi. According to Dan McGaughy, the Chairperson for the Mississippi Council on Developmental Disabilities, "the beginning of wisdom is to call things by their right name and foremost to think about our own attitudes and the way we communicate our feelings by the words we use."

The recently modified terminology through the Mississippi State Code that uses the word "intellectual disability" rather than "mental retardation" reminded me of the great strides we have made in Person First Language, but also how much further we as a society need to go in advocating neutralizing words and emphasizing people!

Words do influence attitudes and perceptions, and this becomes clear when reflecting on the terminology society has often used in reference to a person and his/her disability. People with disabilities are still too often described with words that either denote limitations and/or focus on the disability. Words such as "handicapped", "challenged" and/or "disabled" should never be used. Choose instead words that reflect and promote a person, their dignity and their individuality. Person First Language is not a fad or a form of political correctness. "People First" Language is an objective way of communicating. A disability or limitation can be created by word usage alone. Therefore, eliminate generalizations and stereotypes by shifting the terminology away from the disability and back to the person, their ability, and their uniqueness.

The following are a few examples of WHAT TO SAY

- *She is a person with a disability.*
- *This service supports children with autism.*
- *Adult with an intellectual disability (be age accurate/ appropriate)*
- *He is a student who communicates with sign language.*

The following are examples of WHAT NOT TO SAY

- *Any words that denote a limitation*
- *She is learning disabled.*
- *He is a SPED Kid.*
- *They are handicapped.*

Submitted By: Edith M. Hayles
Executive Director
MS Council on Developmental Disabilities

DMH Strategic Plan Going Strong

On June 17, 2010, the Board of Mental Health approved the revision of the DMH Strategic Plan FY 2011-2021. July 1, 2010 marks the beginning of the Plan's second year of implementation.

The Board members serving on the subcommittee are Dr. Margaret Cassada, Chair; Mr. George Harrison; Mr. Johnny Perkins; and Mr. Rick Barry. Dr. Lydia Weisser, MSH Clinical Director; Ms. Lynda Stewart, DMH's Division of Children and Youth; along with Ms. Romine also served on the subcommittee.

The Goal Leaders included: Kelly Breland and Dr. Suzanne Jourdan, MSH; Aurora Baugh, Thaddeus Williams, Dr. Mardi Allen, Wendy Bailey, Kris Jones, Kathy Van Cleave, and Michael Jordan, DMH Central Office; Debbie Ferguson, CMRC; and Sabrina Young, SMSH.

Using what was learned from year one's implementation efforts, the goal of the revision was to move from focusing largely on study to focusing more on action-oriented objectives. The challenge was to develop a plan that takes into account not only the realities of today's economy, but the need to move forward to more community-based services. The DMH has never before faced such economic challenges; nevertheless, the Strategic Plan is seen an essential tool for system transformation.

During the revision, revised SWOT and Vision information along with DMH's Mission, Vision, and Values and this fiscal year's completed activities were taken into account. The nine themes of Accountability, Person-centeredness, Access, Community, Outcomes, Prevention, Partnerships, Workforce, and Information Management also guided the goals' revision.

Thus, the Strategic Plan FY 2011 – 2021 was streamlined. There is a significant decrease in the overall number of action plans for 2011 as compared to 2010. Most year one action plans were completed, and those action plans that overlapped or are now part of routine activities were

deleted. Also, action plans were made more measurable so that actions demonstrate movement toward our vision.

"It has really been amazing to see the number of people who volunteered to help in year one," said Lisa Romine, Director of the Bureau of Interdisciplinary Programs. "Goal team members came from across DMH, but there were also numerous advocates, family members, community mental health centers staff, other service providers and state agency staff, as well as University staff involved with the implementation."

"We could not have made the progress we did without everyone's efforts, and I greatly appreciate the contributions made by each person," said Romine. "We look forward to another year of participation by these interested and dedicated people who are helping DMH make a better tomorrow for Mississippians through the public mental health system."

The Strategic Plan Fourth Quarter Progress Report and FY 2010 Annual Report will be available on the DMH Website in late July.



DMH has added a feature to its statewide Helpline services which offers individuals the option of sending a text or online message to a member of the Helpline staff. Staff are available to provide help with mental health issues and suicide intervention around the clock. Individuals can access the program by visiting www.dmh.ms.gov and clicking on the 'Talk About It' button on the home page.