# Mississippi Profile

FALL 2013

Information Publication from the Mississippi Department of Mental Health







#### DMH Celebrates Recovery Month

During September, Mississippi joined the nation in celebrating National Recovery Month. Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Recovery is unique to each individual and can truly only be defined by the individual themselves. What might be recovery for one person may be only part of the process for another. Supports and services help people with mental illness and substance abuse issues in their recovery journeys.

Mississippian David Connell says his experiences and struggles during his recovery journey have allowed him to share his story with others and to make a positive impact. "To me, recovery means being able to make a meaningful contribution," said Connell, a Certified Peer Support Specialist. "What really worked for me in my recovery journey was having structure and purpose in my life. That has allowed me to make a positive impact and work to decrease the stigma associated with mental health."

To celebrate recovery, the Mississippi Department of Mental Health (DMH) and the Mississippi Peer Support Specialist Network is continuing their public awareness campaign, Think Recovery. During the next year, all DMH certified providers will be encouraged to continue educate their staff on the 10 + 1 Components of Recovery. These components include: Self-Direction, Individualized and Person-Centered, Empowerment, Holistic, Non-Linear, Strengths-Based, Peer Support, Respect, Responsibility, Hope, and Resiliency.

Gulf Coast resident Melody Worsham says the road to recovery isn't always perfect, but you learn from the trials and continue with the journey. "When a traveler pulls off to the side of the road to fix a tire, we do not consider that a failed trip, and we would not declare that the person will not make it back on the road," said Worsham, President of the Mississippi Peer Support Specialist Network.

"I have never heard of anyone who pulls off the road and decides to stay there. Traveling through life is like that. Sometimes we get a flat and linger at a plateau of recovery until repairs can be made. Sometimes we go too fast and pay the penalty. Other times, we limp along the shoulder until we can get to a rest stop and refuel. And then there

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#### Executive Director's Message



Standing up for a cause is not always easy to do. And it's certainly not every day that you see someone putting their job and their money on the line to raise awareness for mental health. Brandon Marshall, Chicago Bears wide receiver, was recently fined \$10,500 by the NFL for wearing green football shoes to draw attention for Mental Health Awareness Week. Not only will he pay the fine, he has stated that he will

match the fine with a donation to a mental health charity which supports mental health awareness. He's also auctioning his green shoes for charity.

It is very refreshing to see a male celebrity/athlete use his platform to try and change the way people look at mental health. We all need to invest in taking the time to learn about mental health and how mental health and physical health go hand-in-hand.

I am proud of Brandon Marshall. But, you don't have to be a celebrity to make a difference. You can make a difference too. Listen to people who have experienced a mental illness so you can learn how their lives have been affected and their stories of recovery. Remember these are your friends, family, co-workers, church members, and neighbors. Support job opportunities for people who have mental health needs. Having work increases quality of life and provides a meaningful day. Encourage your friends and family to talk about any problems they may be facing. By supporting your loved ones, you are showing them you care and breaking down barriers.

We are continuing to make strides in transforming to a recovery-oriented system of care and increasing mental health awareness. This edition of *Mississippi Profile* focusing on many of these activities. One of the first steps is to understand that recovery is unique to each individual and can truly only be defined by the individual themselves. We must continue to educate ourselves and the community about mental health awareness, person-centered thinking, recovery, and resiliency. Please join us in our efforts.

Sincerely yours,

Edwin C. LeGrand III Executive Director

115.2582

#### Mississippi Profile



Fall 2013

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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, intellectual and 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.

The editor reserves the right to edit all materials printed in this publication.

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### DMH Celebrates Recovery Month

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are times when the road conditions couldn't be more perfect. It isn't just the perfect road trip that we count as recovery. The entire trip is recovery as long as we keep our destination in focus."

Videos of personal stories of recovery and community integration will be highlighted each month during the next year in conjunction with the Think Recovery campaign.

"We all possess the fundamental and inherent value to be accepted and treated with respect and worth," said Ed LeGrand, Executive Director of the Mississippi Department of Mental Health. "We want individuals to restore, rebuild and reclaim control of their lives by increasing their resilience and focusing on their strengths. One of the ways we can emphasize recovery is to help increase awareness by focusing our attention on spotlighting personal stories of recovery."

Recovery not only benefits the individual, it benefits the entire community. One of the first steps is to understand that behavioral health is an essential part of overall health. Most people don't think twice about seeking treatment for diabetes, asthma, high blood pressure or other health conditions. People should seek treatment for substance abuse and mental health with the same urgency as they would any other health condition.



"After nine years in recovery, I have learned that you have to take action, realize it's ok to ask for help, set a goal, and get involved with helping others," said June Boudreaux, Certified Peer Support Specialist. "It's about how to cope and face problems that come up in your everyday life. Recovery is about living a good, productive life. I'm not living in the problem anymore; I'm living in the solution."

The Mississippi Peer Support Specialist Network are first degree family members and/or people living in recovery with mental illness, substance abuse, and intellectual and developmental disabilities that provide support to others who can benefit from their lived experiences. If you or someone you know is in need of services and supports, call the DMH's 24 houraday, 7 days a week at 1-877-210-8513 or visit www.dmh.ms.gov. For more information about Think Recovery, visit www.dmh.ms.gov.

Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

#### NMRC Celebrates 40 Years of Successes



Gratitude was the order of the day Wednesday when North Mississippi Regional Center clients, families, staff and area officials celebrated the Oxford campus' 40th anniversary.

The Regional Center and its branches serve people with intellectual and developmental disabilities and their families in 23 counties of North Mississippi. It is one of six such programs in the state.

"North Mississippi Regional Center is special because of the individuals that work here and the individuality of the people we serve and their families," said Director Edith Hayles at Wednesday's convocation. "We celebrate not just 40 years of North Mississippi Regional Center but a common goal that we will all continue to work toward."

Congressman Alan Nunnelee noted that in 1973, "A few visionaries stuck their necks out and started a mental health facility in north Mississippi.

"Their vision has changed the lives of so many families over North Mississippi," he said. "The unique cooperation between this facility and the city of Oxford, Lafayette County and the University of Mississippi has resulted in a first-class facility that's second to none."

Oxford Mayor Pat Patterson illustrated the value of the facility with a quote from Mother Teresa: "Being unwanted, unloved, uncared for, forgotten by everybody, I think that is a much greater hunger, a much greater poverty than the person who has nothing to eat.' Thank you for your efforts," he told staff members, "and most especially, thank you for your love." Retired director Carole Haney said NMRC is "a family who cares deeply about our people ... not a career but a passion, not a job but a commitment."

Immediate past director Sandi Rogers mused, "Think about how many lives have been touched – not just those who have lived here, but their families, their friends, the communities."

George Harrison is a member of the Mississippi Board of Mental Health whose daughter has been an NMRC client for decades.

"Foster grandparents and the direct workers are what make this place operate," he said, joking that administrators' absences are hardly noticed. "Thank y'all for what you do."

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#### DMH Works to Improve Co-Occurring Treatment

Over the next four years, the Mississippi Department of Mental Health (DMH) plans to improve assessment and treatment services for adolescents with co-occurring substance abuse and mental health disorders through the use of a \$3.8 million, four-year grant from the Substance Abuse and Mental Health Services Administration.

The Mississippi State Adolescent Treatment Enhancement and Dissemination (MS SYT-ED) project will strengthen the State's systems to serve adolescents, ages 12 – 18, with co-occurring substance use and mental health disorders by developing two learning sites in Mississippi for evidence-based treatment for adolescents. The two learning sites will help develop a blueprint for policies, procedures, and financing structures that can be used to widen the use of evidence-based substance abuse treatment practices in Mississippi. The two learning sites will identify barriers to access and treatment, and test solutions that can be applied throughout the state for adolescents and their families.

"This grant will profoundly impact the way we treat adolescents with mental illness and substance abuse in our state," said Pam Smith, MS SYT-ED Program Manager. "A key to this grant is the dissemination of information. We want to share what we learn through the two collaborative sites with the entire State in order to better address the treatment of adolescents and their need for recovery support through improved integration and efficiency of services."

According to SmartTrack, Mississippi adolescents exhibit an exceptionally early age of alcohol onset, persistent use of marijuana, methamphetamines, prescription drugs and other gateway drugs. Various statewide assessments of substance use among youth in Mississippi indicate that about 64.8% of high school students reported having used alcohol at least once in their lifetime, 19.3 % reported binge alcohol use in the past 30 days. In addition, adolescents coming into substance use treatment often have co-occurring substance use and mental health problems.

Among adolescents aged 12-17 years entering into substance abuse treatment in 2009 in Mississippi, an estimated 11.6% had a co-occurring psychiatric and substance use disorder.

"The statistics alone clearly show the need for the very best evidence-based treatment for our youth," said Smith. "Families who have a child with a mental illness and are dealing with a substance abuse issue need access to treatment and real-time solutions. We want to find the gaps in the system and develop strategies to address the gaps in order to give these youth a better future."

Anticipated outcomes of this project include:

- 1) decreased juvenile justice involvement for adolescents;
- 2) increased rates of abstinence;,
- 3) increased enrollment in education, vocational training and/or employment;
- 4) increased positive social connectedness; and
- 5) increased access, service use, and outcomes among adolescents most vulnerable to health disparities.

## 30th Annual MH/IDD Conference

This year's theme is Community: The Pathway to Belonging. The Conference is scheduled for October 29-31 at the IP Casino and Hotel in Biloxi. For more information, visit www.dmh.ms.gov.

#### In Memory of Dr. Albert Randel Hendrix

It is with great sadness that DMH acknowledges the loss of Dr. Albert Randel (Randy) Hendrix, respected former Executive Director of the Mississippi Department of Mental Health. At his retirement in April 2007, Dr. Hendrix had the distinction of the longest serving mental health director in the nation.

Since assuming the Executive Director post in 1986, he established a positive reputation for the Department among colleagues, leaders in state government, and friends throughout the state and nation. Dr. Hendrix oversaw DMH's services to individuals with disabilities and their families with compassion, uncompromised loyalty, leadership, and a firmness that includes high expectations and quality services.

Dr. Hendrix began his professional career with DMH at Ellisville State School in 1971. In 1975, Dr. Hendrix was appointed Director of the North Mississippi Regional Center in Oxford. At the age of 28, he was the youngest director of a major facility in the nation.

Dr. Hendrix's entire career was one committed to service — from a voluntary tour of duty as a combat soldier in Vietnam from 1969-70, to his tireless work on behalf of Mississippians with disabilities as Coordinator of Grants at Ellisville State School from 1971-75, Director of the North Mississippi Regional Center from 1975-86, and Executive Director of the Depart-



ment of Mental Health from 1986 to 2007.

We remember Dr. Hendrix for his dedication and service to the citizens of Mississippi with intellectual and developmental disabilities, mental illness, substance abuse and Alzheimer's disease.

#### Project XP and to Serve 300 Youth

The Mississippi Department of Mental Health (DMH) and Weems Community Mental Health Center recently received a four-year System of Care grant from the Substance Abuse and Mental Health Services Administration. Project XPand will serve approximately 300 youth and young adults, ages 14-21, with serious emotional disturbance who are transitioning from child mental health services to adult mental health services to prepare them for independent living.

Weems Community Mental Health will utilize their current and successful NFusionX model to expand the initiative to the additional counties in their region beginning with Scott County in 2013.

"We are excited to receive this opportunity to build upon and expand the MTOP/NFusion model into other areas of the state," said Sandra Parks, DMH Director of the Division of Children and Youth. "Through the last three years of implementing NFusion, we have been able to develop a recovery-oriented program based on the needs of the youth and their families."

For the past four years, NFusion has offered Mississippi's youth, who are managing their mental health, the services and supports they need to thrive at home, at school, and in the community. Research has shown that more than one in four youth experience a traumatic event by the age of 16. Traumatic events range from a one-time incident such as the death of a loved one to exposure to ongoing experiences such as bullying, child abuse, violence, or economic hardships within families.

Families who need mental help services or support for their children may call the Mississippi Department of Mental Health/Division of Children and Youth Services at 601-359-1288. Information may also be accessed through www.dmh.ms.gov.

#### Herzog Named Chair of Board of Mental Health



Dr. Jim Herzog of Jackson was named Chairman of the Mississippi Board of Mental Health in June. Dr. Herzog is a Clinical Psychologist in private practice in Jackson.

Dr. Herzog received a bachelor's degree in Psychology from Creighton University and a master's and Doctorate in Clinical Psychology from the University of Mississippi. He performed his internship in the Air Force at Wilford Hall United States Air Force Medical Center in San Antonio, Texas. Upon completion of this, Dr. Herzog returned to Mississippi, where he served as staff psychologist at Keesler Untied States Air Force Medical Center in Biloxi for three years. During this time Dr. Herzog focused on stress related problems and behavioral health issues, consulting cardiac and cancer clinics.

After leaving the Air Force, Dr. Herzog moved to Jackson and was employed as the staff Clinical Psychologist at the Jackson Mental Health Center, providing

therapy, program consultation, and supervision of the outpatient treatment staff. Currently, his practice involves consultation with the Region 8 Mental Health Services, and the Department of Vocational Rehabilitation/Disability Services, as well as providing individual therapy and assessment with adults, adolescents, and children.

### Shivangi Named Vice Chair of Board of Mental Health

Sampat Shivangi, M.D. of Ridgeland was named Vice-Chairman of the Board of Mental Health in June. Dr. Shivangi serves on the Board representing medical doctors.

From 2005 - 2008, Dr. Shivangi served as the Advisor to the US Secretary of Health and Human Services. He is the past president elect of the American Association of Physicians of Indian Origin. He is the founding president of the American Association of Physicians of Indian origin in Mississippi and is the past president and chair of the India Association of Mississippi.

Dr. Shivangi is the president and CEO of US Info Systems of Mississippi. He previously served on the Mississippi State Board of Health. He also served as a house delegate in American Medical Association Chicago, IL. Dr. Shivangi represents the Medical Physician category on the Board of Mental Health.



#### NMSH Focuses on Recovery Oriented System of Care

In June 2013, North Mississippi State Hospital began the process of moving toward a recovery-oriented system of care for the persons served at this program. This is being done as part of a Department of Mental Health pilot project along with the Regions II, III, and IV Community Mental Health Centers (CMHC).

The result should be a coordinated network of community-based services and supports that is personcentered and builds on the strengths and resiliencies of individuals, families, and communities to achieve improved health, wellness and quality of life for those with or at risk of mental illness.

Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

The Substance Abuse and Mental Health Services Administration identifies 10 components of recovery: Self-Directed, Individualized and Person-Centered, Empowerment, Holistic, Non-Linear, Strength Based, Respect, Responsibility, Hope, and Peer Support. DMH has added another component: Resiliency.

The primary work of NMSH will remain the same. Persons served will be admitted through the Chancery Court system, for the most part. However,

the approach to care for those persons will shift to be sure that everything is done with the individual's needs and life goals in mind.

To assist in reaching life goals for those served will require staff to work even more closely with CMHC staff. It will also mean that community assets will have to be mapped so that persons served can leave NMSH knowing where the resources are in each community.

NMSH Director Paul Callens, Ph.D., stated, "This is a perfect fit for our program because we already work so closely with the CMHC intensive case managers on a weekly basis. This can only enhance the way we all serve people in our program. It is an exciting time for us.

"The bottom line is this: we want to offer hope to those we serve," Callens said. "We look forward to emphasizing recovery for individuals served and their families."

NMSH has actively participated in DMH's Think Recovery campaign by sharing information about the Component of Recovery with their staff and emphasizing personal stories of success.

#### **Four Dimensions That Support Recovery**

**Health** - Overcoming/mangaging one's illness as well as living in a physically and emotionally healthy way

**Home** - A stable and safe place to live that supports recovery

**Purpose** - Meaningful daily activities or creative endeavors and the independence, income and resources to participate in society

Community - Relationships and social networks that provide support, friendship, love, and hope

### Establishing Mobile Crisis Response Teams

In an effort to expand crisis services in the community, DMH is providing grants to the local Community Mental Health Centers to establish Mobile Crisis Response Teams (M-CeRTs).

The M-CeRTs funding will provide community-based crisis services that deliver solution-focused and recovery-oriented behavioral health assessments and stabilization of crisis in the location where the individual is experiencing the crisis.

The M-CeRTs will target individuals experiencing a situation where the individual's behavioral health needs exceed the individual's resources to effectively handle the circumstances. Without mobile crisis intervention, the individual experiencing the crisis may be inappropriately and unnecessarily placed in a jail, holding facility, hospital, or inpatient treatment program.

Funding for the M-CeRTs is a result of the Mississippi State Legislature allocating \$10 million in FY14 to address expanding community-based mental health services. The funding was awarded to the Community Mental Health Centers in October 2013.

The M-CeRTs will be available 24 hours a day, seven days a week throughout the CMHC's catchment area. They will work hand-in-hand with local law enforcement, Chancery Judges and Clerks, and the Crisis Stabilization Units to ensure a seamless process.

"The goal is to respond in a timely manner to where the individual is experiencing the crisis or meet the individual at a designated location such as the local hospital," said Jake Hutchins, Director of the Bureau of Community Services. "They will ensure the individual has a follow-up appointment with their preferred provider and monitor the individual until the appointment takes place."

For more information about accessing a M-CeRTs, contact the Community Mental Health Center in your area.

The Mississippi Department of Mental Health has a new Web site. The site includes a Resource Library, Events Calendar, Where to Go for Help Search Feature, and much more.

Check it out at www.dmh.ms.gov