

Mississippi Profile

WINTER 2014

Information Publication from the Mississippi Department of Mental Health

MS School Set for April 1-4

In an effort to help educate Mississippi's addiction, treatment, and prevention professionals, about alcohol and drug abuse and prevention the 7th Annual Mississippi School for Addiction Professionals, hosted by the Mississippi Department of Mental Health's (DMH) Bureau of Alcohol and Drug Services, will be held April 1-4 at the Hattiesburg Convention Center.

"We provide a learning experience where professionals or nonprofessionals can come together to learn from innovative individuals who are leaders in the field of substance abuse treatment and prevention," said Dr. Jerri Avery, DMH Director of the Bureau of Alcohol and Drug Services. "The MS School is an excellent way to educate people on the best practices available to produce the best outcomes for those we serve."

The MS School for Addiction Professionals will offer exciting plenary sessions, special events and a variety of courses in prevention, intervention and treatment, all of which are designed to enhance the skills and knowledge of each participant. The MS School offers many courses that address contemporary topics to help professionals remain abreast as to the latest trends in their areas. The MS School is open to treatment professionals, service providers, educators, parents, nurses, social workers, school counselors, law enforcement, faith based organizations, concerned citizens and others.

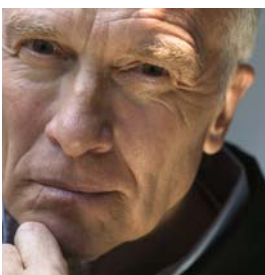
Keynote presenters include: Dr. Chip Dodd, *When Does Therapy Become Therapeutic?*; Dr. David Mee-Lee, *Understanding DSM-5*; David Mineta, Deputy Director, Office of National Drug Control Policy; Dr. Earl Suttle, *Enjoying Excellence – Becoming the Best You Can Be*; Jamie Huysman, *Run Towards the Roar*; and Kelly Wilson, *Trauma-Focused Cognitive Behavioral Therapy (TFCBT)*.

Substance abuse disorders don't just affect the individual, but their family, friends and the community. Thousands of Mississippians are in recovery from alcohol and drug abuse. They are neighbors, friends and family members leading healthy and productive lives in our communities.

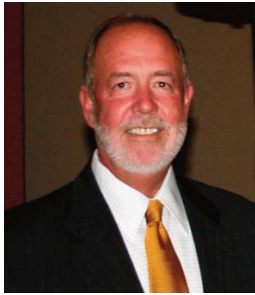
More than 23 million people, aged 12 or older, needed treatment for a substance use disorder in the United States in 2007, and in Mississippi alone, 183,000 people and their families are affected by this disease. Each year, the alcohol and drug residential treatment centers in Mississippi certified by DMH's Bureau of Alcohol and Drug Services, provide residential treatment to more than 6,000 Mississippians suffering from substance abuse and dependence problems.

For more information about The Mississippi School for Addiction Professionals, contact 601-359-1288 or visit www.themsschool.ms.gov.

Supporting a Better
Tomorrow... Today



Executive Director's Message



With the start of a new year, comes the start of a new Legislative Session. This year is extremely important for the public mental health system as we continue our move to a community-based system of care. In FY15, DMH is requesting a total general funds increase of \$5,463,482 (2.5% increase) to be used for the following: 1) DMH requests restoration of the Legislative recommendation proposed cut of \$1,794,363. 2) DMH is requesting \$2,706,187 for Medicaid match due to the increase in

Medicaid match funding to states. 3) DMH is requesting \$962,932 for Electronic Medical Records which includes infrastructure of \$451,432 and the lease payments for 2015 of \$511,500.

Last year, the Mississippi Legislature provided DMH \$10 million in Senate Bill 2874 to help expand community-based services. We have used these funds in a variety of ways. DMH used \$4 million to provide grants to the CMHCs for the development of Mobile Crisis Response Teams throughout the state. Mobile Crisis Response Teams 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. Mobile Crisis Response Teams 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.

Also, \$1.2 million will be used to develop two additional Programs of Assertive Community Treatment (PACT) Teams in the state. PACT is an individual-centered, recovery-oriented, mental health service delivery model for facilitating community living, psychological rehabilitation and recovery for persons who have the most severe and persistent mental illnesses and have not benefited from traditional outpatient services. PACT Teams are mobile and delivers services in the community to enable an individual to live in their own residence instead of expecting an individual to come to a program location.

These are just two examples of how the funding is being used to expand community-based services. Additional funds will be requested in future fiscal years to continue the efforts to expand the capacity for community-based services. These additional funds will help the State move forward with more community placement of individuals through expanding services provided by community service providers.

Sincerely yours,

Edwin C. LeGrand III
Executive Director

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Winter 2014

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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. Send requests for items to be included in the newsletter and other inquiries to:

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MSH and HRC Host Legislative Luncheon

Volunteers and supporters of the state's public mental health system gathered at Galloway United Methodist Church January 22 for an annual show of appreciation to Mississippi's legislators.

Hosted by Friends of Mississippi State Hospital and Friends of Hudspeth Center, the appreciation luncheon honored and thanked the state's legislators for their support of the Department of Mental Health each legislative session.

"It's very important to say thank you to members of the legislature for all the support they provide to the Department of Mental Health," Mississippi State Hospital Director James G. Chastain said. "The ongoing support they provide year in and year out impacts hundreds of lives around the state."

During the luncheon, legislators were able to hear first-hand accounts of how the Department of Mental Health changes lives. Stephanie Stout and Johnathan Tittle spoke candidly about how the DMH enabled them to overcome their own struggles, and how they are now able to help others. Stout and Tittle are employed by Timberhills Mental Health Services. In addition to their roles as Certified Peer Support Specialists, Stout is the Family Engagement Specialist for NFusion and Tittle is the Youth Engagement Specialist. NFusion is a System of Care (SOC) Initiative that assist youth and young adults between the ages of 14-21 successfully transition in their next phase of life.

"If it were not for your support, I wouldn't be here today," Stout told the crowd of legislators and supporters. "I suffered from depression and had multiple suicide attempts. I turned to illegal drugs to take the pain away, but nothing worked.

"It took the work of the people in this room to change my life. Your support is basically one person helping another."

Tittle echoed Stout's sentiments, and told how the state's public mental health services saved his life.



"If it were not for you, I probably wouldn't be here," he said. "I made a lot of bad choices, and I lost everything I had – more than once. Peer support saved my life."

Rep. Timmy Ladner of District 93, which includes parts of Forrest, Hancock, Harrison, Lamar, Pearl

River, and Stone Counties, was one of 45 legislators who attended. He said he enjoyed the luncheon and commends the work the Department of Mental Health does to help individuals in need.

"This is a great event, and I want to do everything I can to help," he said.

Rep. Ray Rogers of District 61, Rankin County, said he too enjoyed the luncheon.

"We look forward to this event every year," Rogers said. "It's a good opportunity to socialize with the individuals who do so much for our people, and I try to be responsive to their needs."

Mike Harris, director of Hudspeth Regional Center also thanked state lawmakers for their support.

"We really appreciate the legislature for what you do," he said. "The funds you provide allow individuals to obtain services and change their life. We really appreciate what you do."

Mobile Crisis Response Teams Operational

In an effort to expand crisis services in the community, DMH has provided grants to the local Community Mental Health Centers to establish Mobile Crisis Response Teams.



What are Mobile Crisis Response Teams?

Mobile Crisis Response Teams 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.

Mobile Crisis Response Teams work hand-in-hand with local law enforcement, Chancery Judges and Clerks, and the Crisis Stabilization Units to ensure a seamless process.

Mobile Crisis Response Teams ensure an individual has a follow-up appointment with their preferred provider and monitor the individual until the appointment takes place.

Who can be served by a Mobile Crisis Response Team?

Mobile Crisis Response Teams target individuals experiencing a situation where the individual's behavioral health needs exceed the individual's resources to effectively handle the circumstances.

How can a Mobile Crisis Response Team help?

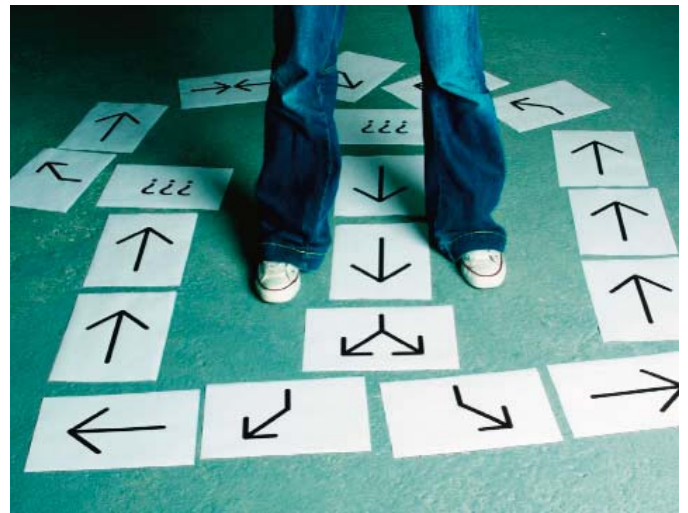
Without mobile crisis intervention, an individual experiencing a crisis may be inappropriately and unnecessarily placed in a jail, holding facility, hospital, or inpatient treatment program. The goal is to respond in a timely manner to where the individual is experiencing the crisis or meet the individual at a designated location such as the local hospital.

Who makes up a Mobile Crisis Response Team?

A Mobile Crisis Response Team is staffed with a Master's level Mental Health Therapist, Community Support Specialist and Peer Support Specialist.

How can I access a Mobile Crisis Response Team?

Individuals, families, law enforcement, clergy, ERs, chancery courts, and anyone concerned about an individual who is experiencing or at risk of a psychological crisis can request assistance from a Mobile Crisis Response Team. The Teams are available 24 hours a day, seven days a week throughout a CMHC catchment area.



Oxford Houses a Success for Mississippi

We all want a safe and warm place to lay our heads at night. Housing is a fundamental issue individuals with alcohol and substance use disorders face. In 2012, DMH began partnering with Oxford Houses to help provide assistance to this issue. An Oxford House is a self-run, self-supported recovery house to provide an opportunity for every recovering individual to learn a clean and sober way to live in the community.

In FY13, Mississippi opened six Oxford Houses with a total of 39 beds - four for men and two for women. The Oxford Houses are located in Gulfport, Biloxi, Ocean Springs, and Jackson. During the first half of FY14, four new Oxford Houses were opened in Biloxi, Ocean Springs, and two in Jackson. One female home in Biloxi was converted to a male home.

“We have many options in Mississippi for persons seeking addictions treatment. The one part of our system of care that was lacking was long-term, support-

ive housing,” said Dr. Jerri Avery, DMH Director of the Bureau of Alcohol and Drug Services. “Some individuals would complete treatment only to have no home to return to which presented an additional barrier to remaining in recovery. This partnership with Oxford House, Inc. has helped fill this gap in services. Research has also clearly indicated that individuals who choose long-term, recovery-focused housing with peer support have significantly improved rates of sobriety.

The philosophy behind Oxford House is three-fold: [1] self-help is the bedrock of recovery, [2] disciplined democracy is key to living together, and [3] self-support builds efficacy in sobriety comfortable enough to avoid relapse. A recovering individual can live in an Oxford House for as long as he or she does not drink alcohol, does not use drugs, and pays an equal share of the house expenses. The average stay is about a year, but many residents stay three, four, or more years.

IDD Day at the Capitol Set for March 4

Join the Mississippi Department of Mental Health in celebrating March as Intellectual and Developmental Disabilities (IDD) Awareness Month at the annual IDD “Day at the Capitol” on March 4 at 1:30 – 3 p.m. at the State Capitol. The goal of the event is to increase the public’s knowledge and awareness of individuals with Intellectual and Developmental Disabilities and how they participate and contribute to their communities. Service providers will be available at the event to provide additional information.

“I encourage all Mississippians to learn more about intellectual and developmental disabilities,” said Ed LeGrand, DMH Executive Director. “With our partners, we want to support a better tomorrow for individuals with an intellectual or developmental disability by enhancing the public’s knowledge of individuals with IDD and how they are members of communities throughout our state.”

Intellectual and developmental disabilities cover a broad range of often misunderstood characteristics. An intellectual disability is characterized by limitations in intellectual functioning and difficulties in a variety of

everyday social and practical skills. A developmental disability is attributed to a cognitive or physical impairment that results in limitations in areas such as self-care, language, and mobility.

More than 41,000 fellow Mississippians are affected by intellectual and developmental disabilities



EMSH Earns Joint Commission Gold Seal of Approval



East Mississippi State Hospital (EMSH) has earned The Joint Commission's Gold Seal of Approval® for accreditation by demonstrating compliance with The Joint Commission's national standards for health care quality and safety in hospitals. The

accreditation award, received on January 15, recognizes East Mississippi State Hospital's dedication to continuous compliance with The Joint Commission's state-of-the-art standards.

EMSH and all of its Divisions underwent a rigorous unannounced on-site survey in November 2013. A team of Joint Commission expert surveyors evaluated the infrastructure and its behavioral health programs for compliance with standards of care specific to the needs of patients, including infection prevention and control, leadership and medication management.

"In achieving Joint Commission accreditation, East Mississippi State Hospital has demonstrated its commitment to the highest level of care for its patients," says Mark G. Pelletier, R.N., M.S., chief operating officer, Division of Accreditation and Certification Operations, The Joint Commission. "Accreditation is a voluntary process and I commend all involved for successfully undertaking this challenge to elevate its standard of care and instill confidence in the community it serves."

"With Joint Commission accreditation, we are making a significant investment in quality on a day-to-day basis from the top down. Joint Commission accreditation provides us a framework to take our organization to the next level and helps create a culture of excellence," says Charles Carlisle, Hospital Director. "Achieving Joint Commission accreditation, for our organization, is a major step toward maintaining excellence and continually improving the care we provide." The Joint Commission's hospital standards address important functions relating to the care of patients and

the management of hospitals. The standards are developed in consultation with health care experts, providers, measurement experts and patients.

Founded in 1951, The Joint Commission seeks to continuously improve health care for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value. The Joint Commission evaluates and accredits more than 20,000 health care organizations and programs in the United States, including more than 10,600 hospitals and home care organizations, and more than 6,600 other health care organizations that provide long term care, behavioral health care, laboratory and ambulatory care services.

The Joint Commission also certifies more than 2,400 disease-specific care programs such as stroke, heart failure, joint replacement and stroke rehabilitation, and 400 health care staffing services. An independent, not-for-profit organization, The Joint Commission is the nation's oldest and largest standards-setting and accrediting body in health care. Learn more about The Joint Commission at www.jointcommission.org



Recovery and Resiliency Breakthrough Series Collaborative

The MS Department of Mental Health adopted the philosophy that “all components of the system should be person-driven, family-centered, community-based, results and recovery/resiliency oriented” as highlighted in the Mississippi Board of Mental Health and Mississippi Department of Mental Health Strategic Plan FY 2013-2017.

As part of this transformation, the Department of Mental Health made a commitment to sponsor a Recovery and Resiliency Breakthrough Series Collaborative in order to more quickly and thoroughly test out and establish the essential components of this recovery and resiliency-based system of care for the public mental health system.

Originally, the Breakthrough Series Collaborative format was developed by the Institute for Healthcare Improvement to make improvements in healthcare systems by shortening the lag time between scientific advancements and the adoption on the service delivery level. The methodology involves bringing together topic experts and implementation teams over a period of months so that system change and improvements can be rapidly investigated at the service delivery level. The unique make-up of the implementation teams allowed the identification of barriers at all levels.

By supporting this Breakthrough Series Collaborative, the Mississippi Department of Mental Health took on the challenge of system-wide transformation while understanding that enduring change and improvement involves input and adoption in all system levels. Mississippi has partnered with one of the nation’s leading experts in organizational change to support a recovery-oriented system – Dr. Ijeoma Achara. Mississippi has benefitted greatly from Dr. Achara’s experience in designing and implementing recovery oriented systems throughout the United States.

The Recovery and Resiliency Breakthrough Series Collaborative brings together seven implementation teams from throughout the public mental health system working towards five overarching goals for system and organizational change. The overarching goals to: 1) transform policy, organizational culture, and practice to reflect a recovery and resiliency framework; 2) identify and implement best-practice recovery and resiliency-informed assessments, planning tools, and interventions

for adults; 3) align funding streams to support an effective service delivery system; 4) develop organizational infrastructure to support on-going monitoring and delivery of high-quality recovery and resiliency services; and 5) facilitate authentic engagement and full partnership with the consumer and their support network.

The implementation teams include: Ellisville State School, North MS Regional Center, Region 4 Mental Health Center, Weems Community Mental Health Center, Region 1 Mental Health Center, Central MS Residential Center, and MS State Hospital. Each Breakthrough Series implementation team consists of the following agency representation: senior leadership, supervisory staff, clinicians, community support specialists, and peers.

Over the past year, the Recovery and Resiliency Breakthrough Series Implementation Teams have participated in on-site learning sessions, monthly faculty-lead support calls with content specific to each position represented on the team, and topical calls designed to support the teams in making progress towards the collaborative goals. In addition to the learning sessions and faculty lead support opportunities; each Breakthrough Series Implementation Team designed and implemented their own agency specific quality improvement projects utilizing small tests of change to inform systems change within their own agencies. Examples of tests of change that have been implemented include agency workforce development to increase knowledge of person centered assessment, treatment planning and service delivery; incorporation of peers into the workforce; and utilizing principles of transformational leadership to sustain organizational change. Additionally, data is collected through a matrix designed to measure progress towards the collaborative goals of the Recovery and Resiliency Breakthrough Series.

The final on-site Breakthrough Series learning session took place in January 2014 where the implementation teams will develop agency-specific strategic plans for sustaining recovery and resiliency within their organizations. The Recovery and Resiliency Breakthrough Series culminates with the development of practice guidelines that can be utilized by providers throughout the public mental health system to assist them with implementing services and supports that support recovery and resiliency.

DMH Launches DETECT Project



Many people with intellectual and developmental disabilities that have significant medical issues currently live in congregate residential programs.

Most of their medical care is provided within these facilities by medical providers with experience in this area. Since, the national trend is toward moving to community living arrangements and away from congregate settings, DMH's goal is to find ways to successfully move individuals to the community.

"The DETECT project is another significant facet in DMH's commitment to maximizing efforts to successfully integrate people with disabilities into the community where they can lead complete and fulfilling lives," said Craig Escude, Clinical Director of DETECT. "It is important that as many of the unique needs of those with disabilities who have been living in congregational settings be identified and met before moving to community settings to maximize their chances for success. Providing IDD-specific medical consultations, educational programs, and training opportunities to healthcare providers is an essential component to this effort."

What is DETECT?

DETECT provides both clinical support and educational opportunities to medical providers who care for those with disabilities in Mississippi. The mission is to improve the health of those with disabilities in Mississippi by providing increased access to quality medical and dental care thereby fostering successful integration into the community.

DETECT seeks to accomplish this by not only providing educational opportunities including webinars and online resources as well as live lectures and hands-on training, but also by providing clinical consultations for those with intellectual and developmental disabilities either at the central Mississippi clinic or through a web-based Telehealth connection.

8 Multidisciplinary medical resident and student rotations are also a part of the offerings of DETECT.

Who is eligible for DETECT?

Patients

Anyone living in Mississippi with an intellectual or developmental disability is eligible for consultative services through DETECT. Referrals to DETECT must be made through a primary healthcare provider or treatment team. Visit www.DETECTMS.com for specifics on patient eligibility guideline for referral to DETECT.

Providers

Any Mississippi provider of medically related care to those with intellectual or developmental disabilities is eligible for educational and training opportunities as well as consultations for their patients through DETECT. This includes physicians of all disciplines, dentists, nurse practitioners, nurses, physical and occupational therapists, audiologists, speech pathologists, psychologists and others interested in learning about caring for those with disabilities.

DETECT Consultations

Consultations can be arranged by calling 601-664-2333. Consultations may be provided via phone, Telehealth connection or in person. A consultation visit may also be accompanied by a brief educational discussion on IDD related healthcare topics for staff.

Telehealth Services

Telehealth medical and dental consultative services regarding caring for those with intellectual and developmental disabilities are available through the university of Mississippi Medical Center's Center for Telehealth.

Medical Care providers in Mississippi who provide care to those with intellectual and developmental disabilities may be eligible to receive necessary equipment to allow access to telehealth services free of charge. If you are interested in these services, please contact DETECT.

Educational Resources

Educational resources are available at www.DETECTMS.com. If you would like to arrange for a live presentation for a group of clinicians in your area, please call DETECT at 601-664-2333.

NMRC Visits the State Capitol



Residents at the North Mississippi Regional Center in Oxford recently had an opportunity to visit the Mississippi State Capitol. Gerald Cook, of the North Mississippi Regional Center, (second from left), delivered an opening prayer to the Senate on Wednesday, January 29. He was escorted by Rodney Hurt, (fourth from left), Director of Hopkins Adult Education. Standing with them from left is, Lt. Governor Tate Reeves and Senators Bill Stone and Gray Tollison, who led the Pledge of Allegiance.

DMH Offers Person Centered Thinking Training

The Bureau of Intellectual and Developmental Disabilities is providing Person Centered Thinking Training for all ID/DD Waiver Support Coordinators and for ID/DD Waiver providers. The training is being funded through Medicaid's Balancing Incentive Program and provided by Support Development Associates, a leader in the field of teaching and implementing person centered practices.

The purpose of the training is to provide staff who work with people receiving services, at every level from administration to direct support staff, tools which allow them to support individuals in having positive control over their lives. Person-centered thinking tools include one-page profiles, 'working/not working', 'important to/important for', 'good day/bad day', communication charts, 'doughnut' of staff roles and responsibilities,

relationship circles, learning logs, and person-centered reviews.

Using these tools, people who know that person best can think together, focusing on what is important to that person, how they wish to live, and then introduce changes that will move towards those aspirations.

ID/DD Waiver Support Coordinators will also be trained in Person Centered Planning facilitation by Support Development Associates in order to be those who create the plans they and all other staff will carry out in order to support a person in reaching his/her "best life."

For more information, contact Ashley Lacoste at 601-359-1288 or ashley.lacoste@dmh.state.ms.us.