

# Mississippi PROFILE

A Publication of the Mississippi Department of Mental Health

SUMMER 2015

## DMH LAUNCHES PILOT SITES FOR SUPPORTED EMPLOYMENT

The Mississippi Department of Mental Health is developing and making available supported employment services based on the Substance Abuse and Mental Health Services Administration's Evidence-Based Practice for Supported Employment and Dartmouth Individual Placement and Supports Model (IPS).

DMH has begun implementation of this program with four pilot program sites operated through the Community Mental Health Centers in Region 2, Region 7, Region 10 and Region 12. These services will be available for adults living with mental illness, and DMH will be collaborating with the Mississippi Department of Rehabilitation Services to leverage each agency's ability to provide employment supports.

"Work is a natural function that the majority of adults in our society want to and are expected to perform," said Thad Williams, DMH Program Planner and Evaluator. "I truly believe that recovery is possible at varying levels and often not achieved through a single intervention.

"Supported Employment, along with other recovery-oriented services and supports, gives the individual the best chance of living a meaningful life after the onset of a disability. Supported Employment is one of the catalysts that can help individuals living with mental illness define what their 'new normal' will be."

Integration is an essential part of a person's recovery, and employment can be an essential part of integration. Employment offers not only independence and a source of income, but opportunities for interaction with all kinds of people, learning experiences in numerous areas and a greater chance for integration with the community as a whole.

Individual Placement and Support (IPS) Supported Employment helps individuals with severe mental illness work at regular competitive jobs of their choosing. Although variations of supported employment exist, IPS refers to the evidence-based practice of supported employment.

Services and supports are performed and coordinated by an Employment Specialist. One of the major responsibilities of the employment

specialist is to get to know potential employers within the community, determine what their employment needs are and to educate them on the benefits of supported employment and match those needs with individuals' preferences for work. They also help build vocational profiles with individuals seeking employment, a process that drives individual job development by establishing working relationships and gathering insight into someone's experiences in life rather than focusing on one or two skills that person may have, said Laquitha Ridgeway, Director of Community Support Services with Weems Community Mental Health.

"This process differs from traditional assessments in that it does not measure anything; rather it includes involvement and interaction with the individual in a natural setting," she said.

"It recognizes the importance of focusing on individual skills, experiences, preferences, connections, home, family, friends and need for accommodation, which are all considerations and things needed when looking for a good job."

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Supporting a *better* tomorrow...TODAY!



**MISSISSIPPI PROFILE  
SUMMER 2015**

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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, intellectual/developmental disabilities, substance use, 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 use, 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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## EXECUTIVE DIRECTOR'S MESSAGE

Welcome to the Summer 2015 issue of Mississippi Profile. The Department of Mental Health has many initiatives we have been working hard on, and I am glad to be able to share them with you. I would also like to mention two upcoming events that will be important to Mississippi's behavioral health professionals. The 16th Annual Conference on Alzheimer's Disease and Psychiatric Disorders in Older Adults will be held August 19 – 21, 2015 at the MSU Riley Center in Meridian, MS, with a pre-conference intensive scheduled for the day before the conference starts. Another date to keep in mind is the annual MH/IDD conference in Biloxi on October 28 – 30. We'll have more information about it in the future, but registration is open now for the Alzheimer's Conference, so mark your calendars.



Some of the other programs you will read about in this issue are part of the DMH Strategic Plan. The ADAPT program is an alcohol and drug prevention program for young people, and we are glad that it has had a positive first year. The program is something that is needed in our state, and can hopefully serve as a template for other needed services throughout Mississippi. You will also read about the outreach efforts we are making to law enforcement agencies to help establish Crisis Intervention Teams. The training offered through this program is another need for our state. Law enforcement officers often encounter individuals who are living with a mental illness, and Crisis Intervention Training is a proven way to help individuals get the services they need and keep our officers informed about mental health issues at the same time. A pilot program to offer supported employment services has also been under way at four different locations. Employment can be a natural part of the recovery process and integration in the community, which continues to be a focus for the Department of Mental Health. This program helps individuals get the skills they need and find jobs, aiding them in their journeys of recovery.

Other stories you will find in this issue focus on our Certified Peer Support Specialist supervisors, the Mississippi Leadership Academy, and more. You will also see that Rose Roberts has retired from her service on the Board of Mental Health, and Mr. George Harrison and Mr. Rick Barry will be serving as chair and vice-chair, respectively, for the next year. We look forward to continuing to work with them, and to the opportunities we have in serving Mississippians in need. Thank you for reading.

Sincerely,

Diana S. Mikula,  
Executive Director

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# ALZHEIMER'S CONFERENCE

## REGISTRATION NOW ONLINE

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The 16th Annual Conference on Alzheimer's Disease and Psychiatric Disorders in Older Adults will be held August 19 – 21, 2015 at the MSU Riley Center in Meridian, MS and registration is now open and available online.

Online registration is available by visiting [www.regonline.com/msalzconference2015](http://www.regonline.com/msalzconference2015). New for this year's event is a pre-conference intensive held the day before the conference begins.

The Alzheimer's Conference Pre-Conference Intensive will take place on Tuesday, August 18, 2015, also at the MSU Riley Center in Meridian, MS. The Pre-Conference Intensive is a half-day format that will focus primarily on Early Detection and Screening for Dementia in Adults with Intellectual Disabilities.

The purpose of the 16th Annual Conference on Alzheimer's Disease and Psychiatric Disorders in Older Adults is to inform, educate and train all who are involved in the care of persons with Alzheimer's disease, dementia and psychiatric disorders. The conference provides a unique forum for professional interactions, networking, and one-on-one contact to discuss issues and ask those important questions to some of Mississippi's leaders in these fields.

Planning forms for continuing education have been submitted. The target audience for the Pre-Conference is primarily professionals working with individuals with ID/D and community service providers. To register for the pre-conference intensive, visit [www.regonline.com/msalzprecon2015](http://www.regonline.com/msalzprecon2015).

*"The Many Faces of Care"*

**August 19 - 21, 2015**



*For more information about the conference or the pre-conference, please visit the Department of Mental Health web site at [www.dmh.ms.gov](http://www.dmh.ms.gov) and look under the News and Events section. Complete registration information and event brochures are available there.*



## 32nd Annual MH/IDD Conference

October 28-30, 2015

Biloxi, MS

Details and Registration Available Soon



According to SAMHSA, people who obtain competitive employment through IPS have increased income, improved self-esteem, improved quality of life, and reduced symptoms. Approximately 40% of clients who obtain a job with help from IPS become steady workers and remain competitively employed a

decade later.

Since January 2015, when DMH provided funding to begin implementation of the supported employment program at the pilot sites, 16 individuals have been referred. Five of those individuals have vocational profiles completed and six have vocational goals determined. Nine of those

individuals have requested assistance with job development.

“Giving individuals living with mental illness an opportunity to work in open competitive jobs not only gives them hope for a higher quality of life, but it also strengthens our communities as a whole,” Williams said.

## Board of Mental Health Welcomes New Chair and Vice-Chair

**George Harrison** of Coffeeville became Chair of the Mississippi Board of Mental Health on July 1, stepping into the role held over the past year by Dr. Sampat Shivangi.

Mr. Harrison attended Northwest Community College and served as a Production Manager for 41 years at Lennox International in Grenada. He previously served on the Governor’s Council for Developmental Disabilities and the BMR Advisory Council. He has served on the Board of Mental Health Strategic Planning Subcommittee, which worked to develop the DMH Strategic Plan, a roadmap for the agency. As part of the Committee, he reviewed the Plan each year and quarterly progress to goals and objectives within the Plan.

Harrison has lived in Coffeeville his entire life and is married to Elsie R. Harrison. They have two children, Andy and La Tania. Mr. Harrison attends Pinegrove Baptist Church.



*Pictured is Dr. Sampat Shivangi passing the gavel to George Harrison. Mr. Harrison will serve as Chair of the Board of Mental Health for the next year.*



*Pictured is J. Richard Barry, who will serve as Vice-Chair of the Board of Mental Health until July 2016.*

**Hon. J. Richard Barry** of Meridian assumed the role of Vice-Chair for the Mississippi Board of Mental Health also on July 1. Mr. Barry is a Senior Partner in the law firm of Barry, Palmer, Thaggard, May and Bailey, LLP in Meridian.

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.

“We are excited to have Mr. Harrison and Mr. Barry serve as Chair and Vice-Chair for the Board of Mental Health during the coming year,” said Diana Mikula, Executive Director of the Mississippi Department of Mental Health.

“Both Mr. Harrison and Mr. Barry have been committed members of the Board for several years, and their experience and expertise is welcome and very much appreciated.”

# ROSE ROBERTS HONORED BY BOARD OF MENTAL HEALTH



*Rose Roberts recognized: Pictured are (l to r) DMH Executive Director Diana Mikula, Rose Roberts, outgoing Board of Mental Health Chair Dr. Sampat Shivangi, and incoming Board of Mental Health Chair George Harrison.*

The Mississippi Board of Mental Health recognized outgoing member Rose Roberts at its meeting on Thursday, June 18, honoring her with a resolution for her dedication and service to the Mississippi Board of Mental Health and to persons in Mississippi with mental illness, intellectual and developmental disabilities, substance use disorders, and Alzheimer's disease and other dementia.

Roberts, of Pontotoc, was appointed in 2008 by Governor Haley Barbour to serve on the Mississippi Board of Mental Health for a seven-year term. As a member, she served as both Chairperson and Vice-Chairperson of the Mississippi Board of Mental Health, which is the governing board of the Mississippi Department of Mental Health (DMH).

Roberts received her Bachelor of Science Degree from Blue Mountain College and her Master of Social Work from Tulane University. Her professional credentials include the Academy of Certified Social Workers,

Licensed Certified Social Worker, Qualified Clinical Social Worker and Diplomate in Clinical Social Work. She previously served as a public employee for 25 years, working for the Mississippi Department of Public Welfare from 1963 to 1988 in various positions, including Social Worker, Regional Supervisor, Training Coordinator and Deputy Bureau Director of Family and Children Services.

"Ms. Roberts experience and expertise has been invaluable for both the Board of Mental Health and the Department of Mental Health over the past seven years," said DMH Executive Director Diana Mikula. "Her leadership and devotion to the needs of individuals with mental illness, intellectual and developmental disabilities and substance use disorders has made an immeasurable impact of the lives of Mississippians throughout the state."

# PROJECT ADAPT OPERATING AT TWO PILOT SITES

Two new pilot sites are offering evidence-based assessment and treatment options for young adults in Mississippi who have substance use or co-occurring substance use and mental health disorders.

ADAPT – Advanced Drug and Alcohol Program for Teens – is up and running at Region 12, Pine Belt Community Mental Healthcare Resources, and Region 2, Communicare. It is the Department of Mental Health’s community program name for the Mississippi State Adolescent and Transitional Aged Youth Treatment Enhancement and Dissemination (MS SYT-ED) Project, a Substance Abuse and Mental Health Services Administration (SAMHSA) discretionary grant. The initiative is an effort to improve assessment and treatment services to adolescents experiencing substance use or co-occurring substance use and mental health disorders between the ages of 12-18, as well as their families or primary caregivers.

The pilot sites selected were based off of a needs assessment that established priority areas that took into account risk factors such as poverty percentages, unemployment percentages, the availability of social supports, high school graduation rates and more.

“Mississippi is largely rural and what we have found is that adolescents and families do well during initial treatment,” said Pam Smith, ADAPT Program Manager. “Once they’re successfully discharged and are back in the community, the recidivism rate can be high because they didn’t have the proper supports needed to sustain their sobriety.”

ADAPT seeks to address this issue by utilizing an assessment tool that facilitates evidence-based, intensive outpatient and outpatient treatment services.

DMH staff joined the community pilot site partners for three days of classroom training with Chestnut Health Systems in Illinois, where they studied the treatment model that is being implemented with ADAPT. This model is the Adolescent Community Reinforcement Approach (A-CRA) and Assertive Continuing Care (ACC). The state and community partners also participated in on-line distance learning training for the administration of the assessment model. This model is the Global Appraisal of Individual Needs Initial (GAIN-I). Both models are listed on SAMHSA’s National Registry of Evidence-based Programs and Practices (NREPP).

The A-CRA and the ACC are both strengths-based treatment models that teach young people and their families how to analyze their own behavior to learn and develop the skills they’ll need to reduce substance use, conflict, stress and, ultimately, relapse.

That initial phase is a three-month period during which the individuals and the behavioral health professionals meet each week. The adolescents learn problem solving skills and create plans for incremental changes in their lives that develop talents and interests. Parents and caregivers support them and work to develop their own skills. The second phase is another three-month program during which counselors visit the adolescents and youth in their own communities. This second phase is key to combat the most vulnerable period for these adolescents.

“Our primary goal is to assist young people in Mississippi to maintain their sobriety so they will have the opportunity to become well-rounded adults,” Smith said. “The A-CRA has three areas that it addresses. The model addresses the adolescent alone, the parent or caregiver alone, and it works with the adolescent and the caregivers together.”

ADAPT also aims to identify needed changes to state policies and enhance the current financing structure. One way it is doing that is by working with the Division of Medicaid to discuss the possibility of substance use disorders becoming a standalone, primary diagnosis. That change would allow Medicaid to reimburse providers for treating a substance use disorder as a primary diagnosis. Currently, providers can only bill Medicaid for a substance use disorder in conjunction with a primary diagnosis of a mental illness.

The ADAPT blueprint for assessment and treatment is currently in the process of being duplicated in various other regions of the state. The plan is for selective training of the evidence-based programs, the A-CRA & GAIN-I, for state-certified agencies across Mississippi.

“It is very important to duplicate an effective program in Mississippi such as the ADAPT program, because this level of care is not commonly available to residents of Mississippi,” Smith said. “The partnership this program is creating is priceless.”

“I see ADAPT as integrated treatment at its best,” Smith said. “We’re blending the mental health and substance abuse focus together, while we provide services to youth and their families. What we really like about this process is that it’s treating them together as a functioning unit.”



# LEGISLATURE PASSES 'PATRICIA'S LAW'

As the Mississippi Legislature met in the opening days of the 2015 session, some individuals who have lived with mental illness asked legislators to consider a law that could protect their privacy and ensure their self-worth stays intact during difficult times in their lives.

The request was prompted by an email North Mississippi State Hospital received in 2013 that profiled a difficult problem faced by someone who received services there – her name and mugshot were online despite the fact she had not been charged with a crime, but she had waited in a jail for a bed to come available at the hospital.

"I have only to Google my name, and there is my mugshot," said this email.

To avoid situations like this happening to others, the Mississippi Legislature this year passed a bill that exempts the publication of mugshots from the Public Records Act if the person being booked is held in custody solely on the basis of his or her mental health. Senator Nancy Collins introduced a similar bill in the 2014 session, but it did not make it through the committee process. This legislative language is being called "Patricia's Law" and is included in House Bill 545.

Patricia was once a patient at North Mississippi State Hospital. She was admitted through the court commitment process, but had to wait at a jail before her admission. While there, she had a mugshot taken that, under the state's public records laws, was a public document.

As a public document, that mugshot found its way online to the growing industry of businesses that publish mugshots and arrest information online.

Many of these sites charge fees to remove the photos, and there is another industry of sites that don't host

any pictures, but do charge fees to try to remove those mugshots from the Internet. While many mugshots are of individuals who are convicted of crimes, photos are published whether charges get dropped, a person is found innocent or, in this case, even if someone is held only to await a bed in a mental health treatment program.

There are ways to remove these photos, but the nature of the Internet often means that once something is publicly placed online, it is essentially online forever. Even if someone pays a site to remove a photo, that picture may have been duplicated by another site, and publicly-available backups and caches of sites can often keep data online indefinitely.

The email Patricia sent to North Mississippi State Hospital goes on to say that while the paperwork related to her is still confidential, her name and face were online in a mugshot, easily found by a simple Google search of her name. It was shocking, embarrassing, and, believing it made her look like a criminal, even her regret receiving mental health

made services.

Dozens of these web sites have sprung up online in the past several years, along with those that charge for the removal of the photos – as much as \$400 to take down one single picture. Patricia was struggling with depression, not committing any crimes, but she was still asked to pay to remove her mugshot from the Internet, and there's no guarantee it won't be placed online again at another web site. It creates a situation that many critics have compared to extortion.

"Including these mugshots along with those of accused and convicted criminals only furthers the fear and negative stereotypes many people have towards individuals who have a mental illness," said Debbie Hall, Public Relations Director at North Mississippi State Hospital. "Having a mental illness is not a crime."

**I HAVE ONLY TO GOOGLE MY NAME, AND THERE IS MY MUGSHOT.**

A growing number of states have moved to regulate this industry, introducing bills that often require these site operators to remove without a fee photos and information about people who were not convicted of crimes. Georgia, New Jersey, Oregon, Texas and Utah have all passed bills in recent years to regulate these sites. Senator Collins and several other Mississippi legislators will be working to pass a similar bill in the 2015 legislative session.

“The best way we can address this situation is to pass a bill like the one Senator Collins presented last year,” Hall said. “We need to be sure that a person who is in need of mental health services does not have his or her picture posted online for others to copy and post for profit.

“I promised Patricia I would do all I could to make sure this matter was addressed. We can’t make this ‘right’ for her, but we can change things so something like this doesn’t happen in the future.”

## DMH REACHING OUT TO LAW ENFORCEMENT FOR CIT TRAINING

Beginning in April, the Department of Mental Health (DMH) developed a statewide outreach campaign to law enforcement agencies to educate them about Crisis Intervention Teams.

In the intervening months, DMH has mailed information regarding Crisis Intervention Team training to sheriff departments in all 82 Mississippi counties, 127 police departments and all 14 Community Mental Health Centers (CMHCs). Those packets contained letters asking CMHCs and law enforcement agencies to consider establishing a local CIT, cards with an overview of the CIT concept and a video containing comments from Lauderdale Sheriff Department Ward Calhoun and Governor Phil Bryant, who spoke at a press conference regarding crisis intervention this past February.

Crisis Intervention Teams are partnerships between law enforcement and behavioral health professionals who are trained to respond to individuals believed to be experiencing a mental health crisis and divert them to an appropriate setting, ensuring those people get the treatment they need instead of being arrested and held in jail.

Before the outreach campaign began, DMH Executive Director Diana Mikula met with Governor Bryant to share the video with him and further discuss the CIT concept. Governor Bryant expressed his support for Crisis Intervention Teams and CIT training. That video is also now online on the Department of Mental Health’s Vimeo page at [www.vimeo.com/msdmh](http://www.vimeo.com/msdmh).

Brent Hurley, with the DMH Division of Crisis Response, has also developed a joint certificate with the Mississippi Department of Public Safety that recognizes Crisis Intervention Team training. Officers who have been through the CIT program will be able to use that training time to count towards the continuing education credits they are required to complete. Officers who receive the certificate realize that they are recognized by two state agencies as a certified Crisis Intervention Team Officer in accordance with MS Code Section 41-21-131.

Fourteen officers representing 11 departments and seven counties completed training on May 15. The departments represented were: Lauderdale County Sheriff’s Department, Meridian Police Department, Meridian Public School District, Philadelphia Police Department, Neshoba County Sheriff Department, DeKalb Police Department, Kemper County Sheriff Department, Hinds County Sheriff Department, Heidelberg Police Department, Moss Point Police Department and Smith County Sheriff Department.

That group was the first of hopefully many who will complete CIT training at no cost to their agencies thanks to a federal grant administered by the Department of Mental Health. The training is led by the East Mississippi CIT in Meridian. The Lauderdale County Sheriff Department and Weems Community Mental Health Center have been instrumental in establishing that CIT, with staff members there helping to write and submit the first grant that funded the CIT, and staff members serving on the team as well. Nearby Central Mississippi Residential Center in Newton is acting as the single point of entry, putting all the needed pieces in place.

The next CIT training class is scheduled for August 17-21 in Meridian.





# North Mississippi Regional Center Clients Staying Busy

Clients at North Mississippi Regional Center (NMRC) have had plenty of trips and activities keeping them busy over the spring and summer months. They had several activities with members of the Ole Miss Rebels athletics teams.

Clients enrolled in the Alternate Living Arrangements (ALA) service attended the annual Ole Miss Cheerleading camp on April 14.

Some of the ALA individuals have living arrangements located in a neighborhood setting where a small number of persons with developmental disabilities have the supervision of live-in house parents. Some of the ALA individuals who have accomplished self-help and social skills live in an independent setting, such as a supported living apartment, and take responsibility for most of their own daily needs. A non-resident apartment manager provides training and supervision.

The ALA cheerleaders had a great time visiting the cheerleading camp, which was actually held at the University of Mississippi indoor practice facility.

The Ole Miss football players visited the NMRC campus on Thursday, June 17, where they had fun playing ball and visiting with the NMRC individuals and staff. Ole Miss student/athletes, including volleyball team members, also joined the NMRC clients and staff for the annual Fourth of July watermelon cut and fireworks show on the NMRC campus.



*ALA Cheer camp*



*Ole Miss Sports visits NMRC*

# CPSS Supervisor Training

A team from Appalachian Consulting Group was at the DMH Central Office on March 25 to provide valuable training for Certified Peer Support Specialists and supervisors of Certified Peer Support Specialists.

Appalachian Consulting Group has provided peer specialist workforce training nationwide. Three trainings were held across the state to address some of the issues faced by CPSS supervisors, how to develop and sustain quality relationships between supervisors and peer support specialists and how to build a culture that supports recovery and peer support.

“By being here today, you are not only supporting the Department of Mental Health’s and the public mental health system’s continued transformation to a Person-Centered and Recovery-Oriented System of care, but also the important work of our Certified Peer Support Specialists who are involved in this transformation,” said Wendy Bailey, Bureau Director of Outreach, Planning and Development.

The training was led by Larry Fricks, Director of Appalachian Consulting Group and Deputy Director of the SAMHSA-HRSA Center for Integrated Health Solutions. He also served as Director of the Office of Consumer Relations and Recovery in the Georgia Division of Mental Health.

Also leading the training were Ike Powell and Aurora Baugh. Powell currently serves as the Director of Training for the Appalachian Consulting Group and the Mental Health Empowerment Project in Albany, New York. Baugh has been employed with the Mississippi Department of Mental Health for 17 years and has been a part of the CPSS program since it began here.

The focus at this training was the question “What is a quality relationship between a supervisor and a peer



specialist and how is this relationship developed and sustained?”

To help answer that question, the trainers used what they called The Five Pillars of Peer Specialist Supervision:

- Supervision of peer specialists is most effective when the peer specialist supervisor is trained in quality supervision skills.
- Supervision of peer specialists is most effective when the peer specialist supervisor understands and promotes recovery.
- Supervision of peer specialists is most effective when the peer specialist supervisor understands and supports the role of peer specialists.
- Supervision of peer specialists is most effective when peer specialist supervisors advocate for peer specialist services and recovery across the organization.
- Supervision of peer specialists is most effective when the peer specialist supervisor promotes the professional growth of the peer specialist.

All supervisors play significant roles in how employees see their own jobs. They are key to staff development and morale, motivation and productivity. Broadly speaking, supervisors observe, evaluate and direct the work of other employees.

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While each employee's position may have varying measurements for productivity, a peer specialist's productivity should be defined by how well they are able to assist their peers in setting, achieving and keeping person-centered, recovery-oriented goals.

With regard to peer support specialists, there are several more significant factors in effective supervision that are based on the Five Pillars of Peer Specialist Supervision. The first is that to effectively supervise a peer specialist, the supervisor needs to understand and support the work of the peer specialist. The supervisor must also understand and support the recovery process.

Supervisors should understand and support the role of a person-centered goal in the recovery process as well. Finally, when the peer specialist supervisor supports peer specialists in creating recovery partnerships with their

peers and advocates for that work across the agency, the agency has the opportunity to increase the recovery nature of its culture.

One thing that should not be done with peer support specialists is to view them as assistants to other staff members. Peer support services are not meant to simply assist the various disciplines in the behavioral health field, but to promote and support the recovery of their peers. They do this from the perspective of their lived experiences and their own journey of recovery.

"Incorporating Certified Peer Support Specialists into the workplace is greatly dependent upon the quality of the relationship between the peer specialist and his or her supervisor," Bailey said.

## MENTAL HEALTH MONTH RECOGNIZED IN MAY

Mississippians joined thousands of others throughout the country as they recognized May as Mental Health Month, a tradition started by Mental Health America in 1949.

"The month-long recognition stands as a reminder that mental health concerns are no different from physical health concerns," said Diana Mikula, Executive Director of the Mississippi Department of Mental Health. "People should feel free to talk about their mental health, encouraged to seek treatment when it is needed and to be free from judgement regardless of their health conditions."

About half of Americans will meet the criteria for a diagnosable mental health disorder sometime in their life, with first onset usually in childhood or adolescence. Research shows that by ignoring mental health symptoms, someone could lose up to ten years of his or her life during which intervention could be successful. During most of these years, most people still have supports that

allow them to succeed —home, family, friends, school, and work. Intervening effectively during early stages of mental illness can save lives and change trajectories in the lives of individuals living with mental illnesses.

Over the past year, the Mississippi Department of Mental Health (DMH) has sought to share stories

of recovery from individuals who have been living with mental illness, using their own words to show others that recovery is possible and someone can live a happy, productive life despite a diagnosis of mental illness.

Many of these personal stories, from written words to video testimonials, can be found on the Recovery page of the

DMH web site at <http://www.dmh.ms.gov/think-recovery/>.

"My journey began in the summer of 1977 just before my senior year of high school," says David Connell, of Greenwood, in one video.

"Later I was told that I had schizophrenia, which scared me, and I tried very hard to keep it a secret. Graduating from high school is supposed





to be a springboard to better days ahead, but I felt like my life had crashed and burned.” Connell goes on to share how he went on to college, but experienced difficulties with his illness and with the side effects of his medication. He worked through that to graduate, but his illness continued causing problems in life.

“My self-esteem was so low that I had a hard time holding a job, so during this time I began to save my money while I was working, because struggling with a mental illness, I never knew what would come my way,” he said.

He had ups and downs over the years, before finally accepting his diagnosis and its place in his life. He now serves as chairman of the Mississippi State Mental Health Planning and Advisory Council.

“The final breakthrough began about two years ago, during a crisis period, when I finally decided to quit trying to keep my illness a secret from the world and accept myself as having something to contribute to others,” he said. “That was probably one of the best steps I ever took. It removed a tremendous amount of stress from me and my family.

“What does recovery mean to me? It means being able to make a meaningful contribution.”

The Mississippi Department of Mental Health has significantly expanded the availability of community-based services in order to help other Mississippians reach a place where they can make meaningful contributions as well, whether those contributions are to their own lives, to their families or to their broader communities as a whole.

Mobile Crisis Response Teams (MCeRT), Programs of Assertive Community Treatment (PACT) Teams and Crisis Intervention Teams (CIT) are three of the ways DMH is expanding community services. All three of these programs are multidisciplinary teams focused on bringing services to the locations where individuals need them.

MCeRTs are available throughout Mississippi and are operated by the regional Community Mental Health Centers. They can respond to a behavioral health crisis in any location. Many have agreements with their local hospitals, and are providing some training to the nursing and medical staff members there on how to handle a behavioral health crisis. They can also be called in to deal with those mental health emergencies

that do come into a hospital, freeing up the medical staff to handle the other emergencies that commonly come into emergency rooms.

The concept of a PACT team is a person-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.

They are also mobile, delivering services to individuals in their homes and communities. This evidence-based program enables people to remain in their communities and avoid placement in an inpatient environment. PACT teams are currently available through the regional Community Mental Health Centers in DeSoto, Forrest, Lamar, Hancock, Harrison, Jackson, Hinds, Leflore, Grenada, Holmes, Warren and Yazoo Counties.

Crisis Intervention Teams are partnerships between law enforcement officers and local health providers. Officers who have received crisis intervention training respond to individuals experiencing a mental health crisis and divert them to an appropriate setting to provide treatment, ensuring individuals are not arrested and taken to jail due to the symptoms of their illness. Through a federal grant, DMH is able to offer this training for the next three years at no cost for up to 40 officers per year throughout Mississippi.

Community-based programs such as these are enabling individuals with a diagnosis of mental illness to experience their own journeys

**What does  
recovery  
mean to me?  
It means being  
able to make  
a meaningful  
contribution.**

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of recovery, and to share that experience with others. Amanda Clement said being involved in the community has given her hope. She said she has come a long way, going from some dark days to successes, hopes and dreams.

She has had the opportunity to volunteer at hospitals, has been involved in the National Alliance on Mental Illness's "In Our Own Voice" program and has spoken at Department of Mental Health programs. All of those opportunities have proved to help her self-esteem and have been very rewarding, she said.

"There is nothing like living in recovery. People tend to respect me more and the hope that they give me by cheerleading me on is awesome," Clement said. "Knowing that people believe in me enough to ask me to be part of a team that pursues the bigger picture in the mental health world offers me hope and a bright future."

She has made it a point to advocate and be a voice for others who have not yet reached a point of recovery in their lives.

"If I can help one person not to have to go through what I've been through during my dark days and help them achieve recovery, then that's worth all the time I put into it. It gives so much hope," Clement said.

## 22 Graduate from Mississippi Leadership Academy

**T**wenty-two individuals graduated from the 2015 class of the Mississippi Leadership Academy on May 24, 2015 at the Gray Conference Center near Canton.

The Mississippi Leadership Academy (MLA) is an opportunity for people receiving mental health services to build their leadership skills and to become effective members of teams who plan and develop mental health services in Mississippi.

The Mississippi Leadership Academy fits well into the person-centered, recovery-oriented system of care that Mississippi's public mental health system now fosters on a daily basis. The ultimate goal of MLA is to enable individuals to be more effective contributors to the decision process when they serve on mental health boards, task forces, and committees. This program is sponsored by the Mississippi Department of Mental Health and has produced more than 176 graduates since 2005.

All twenty-two graduates of the 2015 class are successfully managing their recovery and are now trained and ready to assist others as mentors or as participants on the regional and/or state mental health committees.

This year's participants represented regions state wide. Some of the lessons included how to be an effective team member, cultural diversity, project planning, and participating in the work environment.

The Mississippi Leadership Academy is designed to be taught in three consecutive days. It is offered periodically and is free to participants who are accepted in the program. For future MLA training opportunities, visit the Department of Mental Health website.

Congratulations to the newest graduates of the Mississippi Leadership Academy.



Mississippi Leadership Academy