

• Strategic Plan Highlights •

DMH Providing Grants for Intensive Community Outreach and Recovery Teams

FY 20 Second Quarter

Goal 1, Objective 1.3 — Provide community supports for adults transitioning and/or living in the community to prevent out-of-home placements

In FY19, DMH piloted an Intensive Community Outreach and Recovery Team (ICORT), with the Region 2 CMHC, Communicare. This year, FY20, DMH is providing grants for ICORTs in regions that do not have a Program of Assertive Community Treatment (PACT) Team, expanding these intensive, community-based teams to Regions 1, 7, 11, and 14.

These teams are able to target more rural areas where there may be staffing issues or clients are spread out over a large geographical area. ICORT is a recovery and resiliency oriented, intensive, community-based rehabilitation service for adults with severe and persistent mental illness. ICORTs are mobile and deliver services in the community to enable an individual to live in his or her own residence. An ICORT has fewer staffing requirements and higher staff client ratios than a traditional PACT Team.

An ICORT is staffed with registered nurse, a Master's level Mental Health Therapist, a Certified Peer Support Specialist, and an administrative assistant, and can also utilize a part-time Community Support Specialist if needed. Services are provided 24-hours per day, 7-days a week just like PACT.

The teams began operating this fall:

- Region 1 began operating its ICORT in September 2019, serving Coahoma, Quitman, Tallahatchie, and Tunica Counties.
- Region 2's team is serving a catchment area of Panola, Tate, Lafayette, Marshall, Yalobusha, and Calhoun Counties.
- Region 7 began operating its ICORT in October 2019, serving Webster, Clay, Choctaw, Oktibbeha, Lowndes, Noxubee, and Winston Counties.
- Region 11 has been conducting interviews for staff members of its team, which will serve Pike, Amite, Lawrence, Walthall, Franklin, Adams, Wilkinson, Claiborne, and Jefferson Counties.
- Region 14 began operating its ICORT in October 2019, serving George and Jackson Counties.

"Providing intensive service options to help Mississippians with a serious and persistent mental illness remain in the community is a priority of DMH," said Jake Hutchins, Director of the Bureau of Behavioral Health. "ICORT teams can provide those intensive services in a recovery-oriented care model."



• *Strategic Plan Highlights* •

Transformation Transfer Initiative Grant Aiding Development of a Comprehensive Bed Registry

FY 20 Second Quarter

Goal 3, Strategy 3.7.2 - Enhance the development of a bed registry to track psychiatric and crisis stabilization bed availability data daily

In 2019, the Substance Abuse and Mental Health Services Administration awarded DMH a Transformation Transfer Initiative grant that is allowing for the development of a comprehensive bed registry to track both the acute psychiatric beds operated by DMH and crisis beds operated by the Community Mental Health Centers.

This project is an integral part of progress within two of the agency's overarching strategic plan goals. DMH is in the final stages of developing the web-based bed registry that will incorporate the following: acute psychiatric inpatient beds at the state's four hospitals; inpatient beds for children and youth at the state's two programs that operate those services; Crisis Stabilization Unit (CSU) beds; beds at the crisis homes that have been established in the community (Success and Matt's House); and beds at an adolescent CSU.

Training for providers and utilization will begin in the 4th quarter.

The registry will collect the following data:

- Number of male and female beds available
- Number of males and females awaiting admission
- Number of males and females waiting in jail

- Number of occupied male and female beds, number of vacancies
- Pending admissions/discharges.

The registry will allow all parties to have access to the data.

To accomplish this project, DMH has been partnering with the 14 Community Mental Health Centers, Information Technology Services, and Certified Peer Support Specialists (CPSSs). In particular, CPSSs can provide the lived experience and insight into how this project can improve access to care.

DMH anticipates outcomes from the development of the bed registry will include reduction in the length of wait for people at home, in emergency rooms and in jails by providing coordination of providers and timely access to services. The overall goal is to maximize availability and accessibility of crisis stabilization and acute psychiatric inpatient beds for Mississippians.

