

• Strategic Plan Highlights •

FY 21 Second Quarter

Virtual Training Provides Technical Assistance For PACT and ICORT Staff

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

In September 2020, staff from the Mississippi Department of Mental Health (DMH) and from each of the state's regional Community Mental Health Centers (CMHC) participated in four, two-hour virtual training sessions led by the University of North Carolina Institute for Best Practices.

This technical assistance was developed to address the specific needs of leadership and other stakeholders who are responsible for leading, overseeing, monitoring, and funding assertive community treatment programs.

DMH funds both Programs of Assertive Community Treatment (PACT) Teams and Intensive Community Outreach and Recovery Teams (ICORT) at CMHCs around the state. PACT Teams are multidisciplinary, mobile teams that deliver services to people in their homes and communities. This evidence-based program enables people to remain in their communities and reduce placements in inpatient environments. Similarly, ICORT involves multidisciplinary teams, but have different staffing ratios that allow them to serve larger, rural areas where full PACT Teams may not be available.

These virtual training sessions focused on the structure and practices of high-fidelity assertive community treatment teams, as well as awareness and plans for how to address the many factors that

can impede or support implementing and sustaining implementation of these teams.

"I think the most beneficial takeaway was having a forum to discuss, problem-solve and commit to the highest fidelity standards as possible considering the many barriers that teams have to solve every day," said Tressa Knutson in the DMH Division of Adult Services.

As a newcomer to PACT, this training gave her an opportunity to develop a broader understanding of all the moving parts of assertive community treatment and especially how best to support teams during the ongoing COVID-19 pandemic. Leadership, other stakeholders and team leaders shared their perspectives and concerns regarding their own PACT teams which benefitted all participants.

"It was also a time to encourage, problem solve and provide CMHCs with additional tools to sustain their PACT programs to the highest fidelity," Knutson said. "The data and interviews clearly show how effective PACT is in preventing re-hospitalizations, increasing quality of life and the overall health of individuals receiving services."

In FY20, PACT teams provided services to 535 individuals and ICORTs served 115. With PACT and ICORT combined, there was a 30 percent increase in individuals receiving these services.



• Strategic Plan Highlights •

FY 21 Second Quarter

Peer Bridger Program Sites Participate in Virtual Technical Assistance Through Series of Webinars

Objective 1.6 – Utilize peers and family members to provide varying supports to assist people in regaining control of their lives and their own recovery process

As the Peer Bridger program expands past its pilot site at North Mississippi State Hospital (NMSH), a series of 11 webinars held this past October provided technical assistance to help inform and enhance the program.

In October, the New York Association of Psychiatric Rehabilitation Services (NYAPRS) provided virtual training sessions focused on implementation, skill development, role clarity, documentation, and more regarding the Peer Bridger program. The Peer Bridger project aims to support individuals preparing for discharge from DMH's behavioral health programs by connecting them with peers in their local Community Mental Health Center (CMHC), who can then assist them in attending follow-up appointments and other supports as needed. An expansion of the program began operating at South Mississippi State Hospital in the first half of FY21 and it is in the process of expanding to DMH's additional two hospitals.

The opening session focused on discussion regarding roles and relationships with clinical staff members, with later sessions covering a range of topics. The final session served as a review and a discussion of how participants can support each other moving forward, particularly in light of the ongoing pandemic.

Aurora Baugh with the DMH Division of Recovery and

Resiliency said the training was an important way to bring together staff and Peer Bridgers from NMSH to offer support to the other programs. She said the training facilitators identified DMH's current Certified Peer Support Specialist training as a strength in building the Peer Bridger project.

"From the beginning, it was clear to us that we were supporting a very passionate, motivated, and dedicated group who were prepared to advance recovery and bring hope to the individuals they will serve in the state hospital and the community," said Ellen Healion, NYAPRS Director of Peer Services.

She noted that the supervisors who attended the training were equally open, engaged, and committed. At the end of the series, Healion said, they demonstrated excitement and hope about supporting Bridger teams in the hospitals and the community. She said the NYAPRS training team greatly appreciated the state's commitment to recovery-focused services and peer support.

One topic that came up was developing a training manual for new staff and Peer Bridgers to use when they join a program. Getting that developed is now in the works.

"Peers are now having meetings, calling each other, and supporting each other from around the state," Baugh said.

