

DEPARTMENT OF MENTAL HEALTH

STRATEGIC PLAN HIGHLIGHTS

FY15 Second Quarter

DETECT Prepares Community-Based Healthcare for IDD Individuals Statewide

The Developmental Evaluation, Training and Educational Consultative Team (DETECT) of Mississippi held its grand opening on Thursday, November 13, marking the introduction of a new program designed to improve the health of those with intellectual and developmental disabilities (IDD) statewide.

Located on the campus of Hudspeth Regional Center, DETECT provides educational opportunities, hands-on training and patient consultations to healthcare providers throughout Mississippi. DETECT is funded by a grant from the Centers for Medicare and Medicaid Services (CMS) and administered by the Mississippi Division of Medicaid. The innovative program is managed under the guidance of the Mississippi Department of Mental Health.

Title II of the Americans with Disabilities Act requires states to make community housing available for individuals with intellectual and developmental disabilities instead of only providing housing in an inpatient setting. These individuals depend on local community-based healthcare professionals to provide their medical care just like any other community member.

Mississippi is taking the necessary steps to manage the orderly transition of IDD individuals to community homes as mandated by the U.S. Department of Justice. However, many healthcare providers have received little training in caring for specific medical issues this group faces. Very little support or resources exist to assist with care, especially for adults with IDD.



Pictured are (l to r) DETECT Clinical Director Dr. Craig Escude, Hudspeth Regional Center Director Mike Harris, DMH Executive Director Diana Mikula, Board of Mental Health Chairman Dr. Sampat Shivangi and Board of Mental Health member Dr. James Herzog.

It is vital for Mississippi physicians, dentists, nurse practitioners and other healthcare providers to be informed and prepared as they work to meet the uniquely different needs of this special group of patients.

"I wish to congratulate Dr. Craig Harris and Mike Harris of Hudspeth Regional Center in taking the lead and starting this project, which is a new area of practicing medicine for many physicians," said Dr. Sampat Shivangi, Chairman of the DMH Board of Mental Health.

"DETECT is a welcome addition to the Department of Mental Health. This is a great beginning, and I wish the DETECT clinic much success in all of its endeavors."

DETECT's program offerings include in-office consultations or via Telemedicine, supported through University of Mississippi Medical Center for Telehealth, phone support, referral services, and evaluations at the main clinic at Hudspeth Regional Center.

DETECT also has two satellite locations, one at North Mississippi Regional Center and another at Ellisville State School. CME programs and web-based resources (at www.detectms.com) and discussions are available in addition to training via in-office consultation through DETECT's traveling consultative team or Telemedicine.

DETECT's role is consultative only and referrals to DETECT are made through a patient's primary care provider or community support team. Reports and recommendations are sent to the referrer. Healthcare

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for those served by DETECT will be billed in the same manner that any other medical or dental procedure is billed, however, the goal is to serve and support the healthcare providers in the state. DETECT intends to provide its services in ways that are not cost prohibitive to those they serve.

“The idea is not to create a segregated clinic for individuals with intellectual or developmental disabilities, but to grow

and support the entire healthcare community to meet the medical and dental health needs of all, including those with IDD,” Dr. Craig Escude, DETECT Clinical Director said.

For more information, visit www.detectms.com, call 601-664-2333 or email info@detectms.com. DETECT is located at 100 Hudspeth Center Drive, Whitfield, MS 39193.

MOBILE CRISIS RESPONSE TEAM UPDATE

After being implemented in 2014, Mississippi's Mobile Crisis Response Teams have had a successful first year, expanding the availability of community mental health services across the state and ensuring Mississippians can receive the help they need.

Mobile Crisis Response Teams, or M-CeRTs, are groups of mental health professionals who deliver recovery-oriented behavioral health assessments and crisis stabilization at the location where an individual is experiencing a crisis.

“Teams have a minimum of a master's-level mental health therapist, a case management or community support specialist, and a Certified Peer Support Specialist,” said Andrew Day, Director of the DMH Division of Adult and Crisis Response Services. “The great thing with the Certified Peer Support Specialist is that if they have been through a crisis, they can talk to that person they're seeing and let them know what's happening, talk them through things and really make a big difference.”

In the past, response to mental health crises has varied by Community Mental Health Center (CMHC). Mississippi has 14 CMHCs that act as the primary providers of community mental health services, but not

all offer the same level of services. However, a grant provided through the Department of Mental Health is enabling crisis response capabilities across Mississippi.

“One of the things we require with the grant that funds these teams is that if someone has been discharged from a state behavioral health program, or if the team has seen someone face-to-face, they follow along with that person until they get into their regular appointment at the CMHC.”

That's another vital role the Certified Peer Support Specialists play in the M-CeRTs – they keep in regular contact with the individuals they've served regarding everything from follow-ups appointments to even providing rides to appointments if they're needed.

Once a face-to-face contact has been made, the M-CeRT is required to make an appointment for that individual's follow-up care within 24 hours. They will then make daily contact with those individuals until they've had their actual appointments. Those appointments could be with the CMHC or with another private provider, but the crisis teams ensure there is a continuity of care in place.

There is undeniably a need for these services. From January through

September of 2014, there were 14,108 emergency calls and contacts made with the 14 Community Mental Health Centers. Of those, 4,344 required face-to-face contact. Even more than that, 4,478 crisis calls, were from individuals who were not already receiving services from a CMHC.

The regions are set up differently, but they do all have a crisis coordinator who initially handles calls as they come in. Depending on the region, its members may be full-time staff members or acting as on-call personnel. Another aspect that is in common across all of the CMHCs mobile crisis response capabilities now is the development of adult AMAP teams, which was another requirement of the grant funding.

“The main function of AMAP team is to try and develop local services for those people who are seen in crisis multiple times,” Day said. “Someone returning to a Crisis Stabilization Unit or an inpatient program every few months is not good, so the MAP teams can develop a crisis support plan to prevent that from happening and come up with more ways to keep someone out of crisis.”

“These teams will hopefully prevent a lot of hospitalizations and a lot of unnecessary commitments,” Day said.



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