

• Strategic Plan Highlights •

FY 21 First Quarter

MSH Utilizes Illness Management Recovery for Inpatient Groups

Strategy 1.6.3 - Strengthen the utilization of Wellness Recovery Action Plans at the behavioral health programs to help patients through the process of identifying and understanding their personal wellness resources and help them develop a personalized plan to use these resources on a daily basis to manage their mental illness

Though three of DMH's four state hospitals utilize Wellness Recovery Action Plans, Mississippi State Hospital (MSH) has used the Illness Management and Recovery (IMR) evidence-based practice for several years.

This psychoeducational intervention seeks to increase the knowledge of mental illnesses and treatment (medications/therapy/community mental health support), as well as use of recovery strategies, coping skills for stress and persistent symptoms, relapse reduction/prevention strategies, and skills for getting individual needs met by the mental health system.

This program was selected for use at MSH due to its demonstrated success in promoting recovery for individuals coping with serious mental illness, as well as its cost effectiveness.

Although the program was originally designed for use during outpatient treatment and would be delivered in groups over a several month period of time, staff in the Behavioral Health Services (BHS) Department at MSH have adapted the program for shorter term use for individuals admitted to the hospital for acute psychiatric inpatient services.

As a cornerstone of the Adult Receiving Services Treatment Mall program, this adaptation includes multiple sessions conducted over a two-week time frame with an accompanying workbook for individuals to personalize the information they are learning to their specific situations. Staff also adapted some of the materials and activities to be more understandable and user-friendly for patients experiencing cognitive impairments due to serious and persistent mental illness and/or intellectual/developmental disability.

In FY20 alone, BHS staff provided 1,253 IMR group sessions to individuals served on the Adult Receiving and Continued Treatment Services at MSH.

"Overall, we have had positive responses to the use of IMR from individuals served, especially when delivered by our Certified Peer Support Specialists, who are able to use their own experiences to support use of recovery skills," said Dr. Jennifer Giambrone with MSH.

"In addition, medical staff have noted that individuals are able to participate more actively in their treatment and plan to employ recovery strategies after discharge due to increased knowledge of their illness and treatments available, as well as coping and recovery skills."



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DMH Expanding ICORT and Intensive Community Support Services

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

In FY21, DMH is shifting an additional \$4 million to expand the availability of adult community mental health services. This shift follows the \$13.3 million that DMH shifted in FY19 and continued in FY20 that has allowed for additional services such as Crisis Stabilization Units, Programs of Assertive Community Treatment Teams (PACT), Intensive Community Outreach and Recovery Teams (ICORT), and Intensive Community Support Specialists.

Of the \$4 million shift taking place this fiscal year, \$2,090,000 will be for the creation of nine additional ICORTs. Mississippi currently has six teams in CMHC Regions 1, 2, 6, 7, 11, and 14. In FY21, additional ICORTs will be added to Regions 2, 7, 8, 9, 10, 11, and 12, for a total of 16 ICORTs in the state.

ICORT is an intensive, community-based service for adults with severe and persistent mental illness. Similar to PACT Teams, they are mobile and deliver services in the community to enable an individual to live his or her own residence.

However, different staffing requirements allow these teams to target more rural areas where there may be staffing issues or clients spread out over a large geographical area. ICORTs require the following positions: Team Leader; full-time Master's Level Mental Health Therapist; full-time registered nurse; full-time equivalent Certified Peer Support Specialist Professional; part-time clerical personnel; and

part-time Community Support Specialist.

In addition to the ICORT expansion, \$540,000 is designated to fund 12 additional Intensive Community Support Specialists (ICSS). Regions 3, 6, 9, and 10 will receive grants for two additional ICSSs, while Region 11 will receive a grant for four.

ICSS is designed to be a key part of the continuum of mental health services and supports for people who have serious mental illness. It differs from typical Community Support Services and Targeted Case Management by:

- Engaging with community settings of people with severe functional impairments
- Serving in the community individuals who have traditionally been served in psychiatric hospitals
- Maintaining an unusually low client-to-staff ratio
- Providing services multiple times per week as needed
- Providing interventions primarily in the community rather than office settings

With this funding, Mississippi will have 35 Intensive Community Support Specialists.

Once the additional ICORTs and ICSSs are operational, all 82 counties in Mississippi will have some level of intensive community support services available in the form of PACT, ICORT and/or ICSS.

