DEPARTMENT OF MENTAL HEALTH

STRATEGIC PLAN HIGHLIGHTS

FY 16 First Quarter

NAVIGATE Aids Youth in Region 6

Goal 1 - Objective 1.7 - Strategy 1.7.3

Assist youth and young adults in navigating the road to recovery from an episode of psychosis, including efforts to function well at home, on the job, at school and in the community, through the Coordinated Specialty Care Team

A pilot project over the past year has brought a new, team-based approach to serving teenagers and young adults in their communities to Region 6 LifeHelp Community Mental Health Center.

The Department of Mental Health and LifeHelp launched NAVIGATE last year, a program in which multidisciplinary teams provide mental health services to teenagers and young adults who have had their first experience with serious mental illness. The goal is to increase early identification of teens and young adults experiencing psychosis in order to provide services, support and linkage with other resources.

"I needed help managing my anger," said one teenager. "I didn't have any support or services until my mom put me in this program. The NAVIGATE program helped me a lot, and the medicine changed the way I looked at things before."

Services are delivered by Coordinated Specialty Care Teams, which provide early intervention and recovery-oriented services that have been shown to improve outcomes in youth and young adults who are at risk for serious mental illness.

"The program has enhanced the PACT services already being provided by LifeHelp and has given us the opportunity to reach individuals at a younger age and, hopefully, reduce the number of psychotic episodes and the long-term damage of psychosis for the individuals we serve," team members said. "That, we believe, will benefit the clients, their loved ones, and the community as a whole."

The team said NAVIGATE has already made a big difference in the lives of individuals there. Clients are more engaged and eager to participate, and medication compliance and stability have improved. Clients have also become better at managing relationships. Most importantly, there are goals for the future including education and employment.

Once someone has been referred to NAVIGATE, the Coordinated Specialty Care team members will meet to determine the best course of treatment, and will continue to meet each week while that individual is receiving services. LifeHelp hopes to expand their numbers by reaching out to even more community stakeholders and soliciting referrals and community involvement.

"We hope that through ongoing community education, we can expand the number of clients in the program and reduce the stigma that is persistently attached to mental health services," the team said.

"We want the individuals we serve to be contributing members of the community, to be appreciated by the community, and to take pride in their achievements and contributions."

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STRATEGIC PLAN HIGHLIGHTS

FY 16 First Quarter

Transition Planning Vital for Youth at STF

Parents and guardians are vital members of the Treatment Team at the Specialized Treatment Facility (STF). The gains a youth develops during treatment is most likely to remain successful with community supports, and STF strongly encourages parent/guardian involvement.

On the day of admission, the parents/guardians, youth and the STF treatment staff begin working together to decide a smooth and successful transition back to the community. Since 2011, STF has had a paradigm shift from "discharge planning" to "transition planning," which reflects a change in services instead of a discharge from services.

Goal 1 - Objective 1.7 - Strategy 1.7.4

Educate parents/guardians of youth transitioning from STF of supportive wraparound options so families may choose via informed consent.

During the course of treatment planning and when appropriate, other community stakeholders, which could include representatives from the Department of Human Services, private providers, Mississippi Youth Programs Around the Clock (MYPAC), community mental health centers or schools, are also welcomed to the Treatment Team planning.

After a return to home, the youth's follow-up mental health care is important since it includes continued mental health therapy and medication management. It is important to ensure the readiness of follow-up to ensure that medication refills are not delayed. When leaving STF, the parent/guardian is given the remainder of the youth's medications and a one-month refill prescription. With limited psychiatrists in the state, it is critical to get an appointment early so that medication refills are not delayed.

Prior to leaving STF, the master's level therapist will discuss with the parent/guardian the choices for follow-up aftercare. These choices most often are between follow-up care with their local community mental health center or the MYPAC program.

When the local community mental health center is chosen, the parent/guardian will be asked to take their youth during a home-pass to the local CMHC for an initial intake. The initial contact between the CMHC and the family confirms next steps are prepared for the first mental health appointment and medication renewal.

When the MYPAC program is chosen, then the parent/guardian can choose among three different providers, and the MYPAC representative is invited to attend Treatment Team. For the FY 16 first quarter, approximately 40% of the youth's families chose MYPAC services, 35% Community Mental Health Centers, and others chose private providers. Of those families staff were able to contact after the seventh day of discharge, 67% were successful. After the thirtieth day of discharge, 50% of the youth were still successful.

One young man has transitioned from STF with an interview and acceptance into a private school, is doing well and is involved in sports. The family chose a private provider for follow-up mental healthcare. Empowering families with choices about follow-up care is making family units stronger, one youth at time.

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