

Transformation Transfer Initiative Final Report: Mississippi



Interview conducted on: June 18, 2021

Interviewees:

Kevin Runnels, Community Transitions, Mississippi Department of Mental Health

Wendy Bailey, Executive Director, Mississippi Department of Mental Health

1. *When did you launch your 2020 TTI, and how long has it been operational?*

We launched in approximately March 2020. We began by discussing with South Mississippi State Hospital, which is one of the four state hospitals operated by the Department of Mental Health in our state, and with three community mental health centers. We have 13 community mental health center regions in our state, and the plan was that there would be three of those participating in this project. We then worked toward finalizing some contracts and developing data collection forms in April.

Then, of course, COVID-19 happened, and much of our subsequent work on the project was put on hold. In June, we did send out the request for proposals to the state hospital and the community mental health centers. We then moved to much more of a virtual format.

This was a peer bridger project. Thus, one of the keys was training certified peer support specialists to become peer bridgers. Because of COVID, we had to move our certified peer support specialist training online to a virtual format. Having to arrange for the online training, in turn, caused a delay in the partners in this project being able to hire their peer bridger and get started. Consequently, it was January of 2021 before our project got in full swing, individuals were hired, everyone was trained, and we started having clients or patients participating in the project. We are still operational.

2. *How has COVID-19 impacted your project? What adaptive practices or efforts have aided you in overcoming these challenges?*

COVID impacted our project in every way possible. This started, as noted above, from getting off the ground and starting to have discussions with our hospital and community mental health centers. Because of COVID, we also had to decrease bed capacity, and we had to look at different ways for handling our admission process. We had to look at the services being provided at the community mental health centers when there were active cases. In all areas, COVID impacted us from admissions at the state hospital all the way down to the transitions back into the community.

We implemented revisions around the admission process and the discharge process. We began relying heavily on the connection with intake prior to discharge from the hospital in order to get an individual connected with the community mental health center before they left the hospital. This opened up some different practices around the use of telehealth and the virtual world of our trainings.

In some ways, COVID pushed us to look at a different way to do things, which was a positive thing; that's not to say the pandemic did not slow us down. One good thing was that this TTI grant was for launching

this project in south Mississippi when we already had a similar project in the north of the state. Accordingly, we had a lot of the baseline and foundation efforts built, which was beneficial.

3. *How many individuals have participated in your TTI at time of this interview?*

As of the end of May, we have had 85 participants in this project.

4. *How much has been paid in incentives at time of this interview?*

We have paid out \$630 as of today.

5. *Have there been changes to your key partners and/or target population?*

On February 1, Region 13 Community Mental Health Center ceased operations and all of their catchment areas were rolled into Region 12 Community Mental Health Center. Accordingly, we now only have two community mental health centers involved in the project even though we are still providing services to the same area and the same population.

6. *Do you plan to make incentives a part of your behavioral health system moving forward? If so, how will you achieve sustainability?*

We have not made this decision yet, because this project was so delayed, and we did not start having our first participants until January and February. We don't have enough data yet to truly show the impact of the incentives piece. We are going to expand the peer bridger program to our remaining two state hospitals, which are our largest state hospitals, and to the remaining community mental health centers. We will be doing that in the upcoming fiscal year, which will start July 1, and then we are hoping by December to have a better picture of the success of the incentives.

7. *Do you have any meaningful anecdotes regarding your programs that you can relay to us? (I.e., testimonials from participants, creative solutions)*

(The site did not provide any anecdotes.)

8. *Do you see the incentives working to help individuals make follow-up appointments?*

It is too soon to tell since we have only been collecting data for a couple of months.

9. What has this federal investment given your state system that would not have happened without it?

We had one peer bridger program prior to this. This grant gave us the opportunity to start another program in south Mississippi. This is an area that, ever since Hurricane Katrina in 2005, has had a relatively large number of commitments and a large number of suicide helpline calls. It is an area of our state we knew we needed to target.

We absolutely want to sustain our current efforts and keep them going with the funding we currently have and also expand upon them. It has been a highly successful program as far as the peer bridger component, and we are confident that the incentive piece is probably going to be helpful as well. Looking at our data, just in the last couple of months at one of our community health centers, 85% of clients attended their follow-up appointment—which is a high number. That is successful. Also, looking at our data on how many clients—who were connected with a peer bridger—had to be admitted to a crisis stabilization unit, there have only been two. Those are some positive numbers as we look forward.

10. What will you do with any residual funding?

We will continue with the current programming and continue with the incentives piece.