

Assertive Community Treatment

ISSUE 7 FALL 2015

MO ACT NEWSLETTER

Hello from DMH

Burrell Behavioral Health :
Columbia TAY Team
Springfield Adult Team
Springfield TAY Team

Compass Health:
Nevada Adult Team
Raymore TAY Team

Family Guidance Center - St. Joseph

Ozark Center - Joplin

Places for People - St. Louis:
ACT 1 Team
Home Team
IMPACT Team
FACT Team

St. Patrick Center - St. Louis

Truman Medical Center - Kansas City

The holiday season is upon us and although it can be a time of joy and fun fellowship with others, it can also be a time of added stress. The hustle and bustle of scheduling, preparation for events and a change in routine are all elements effecting our moods and attitudes. It is important to take assessment of stress and employ good management strategies whether we are mental health providers or those receiving services.

ACT teams can take the time to employ team building activities as well as work with their clients to problem solve and reduce stress of the holidays. Rapport building activities used by teams have included holiday contributive meals for both staff and clients, staff gift exchanges, food drives for needy clients, Christmas cards collected and given to clients or cookie making for clients.

Holidays are an important time for clients who are establishing positive relationships with vital natural supports in the

community or within family. Clients preparing for events with family can benefit from the team helping them with planning and encouragement. Often, problems begin to arise *after* a holiday visit with family in which conflict or stress occurred. It is important to help clients discuss stressful events, problem solve and strategize re-establishing contact in a positive way with natural supports if needed.

This year, make an intentional effort to help prevent added stress for both yourself and your clients. The better we are as care providers in personal stress management the better capable we will be in teaching this important wellness strategy to those we serve.



To be added to the distribution list for this newsletter, please click to contact lori.norval@dmh.mo.gov requesting the addition of your email address.

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Resources



Center for Evidence-Based Practices at Case Western Reserve University

<http://www.centerforebp.case.edu/>

Individual Resiliency Training (IRT)

<https://raiseetp.org/studymanuals/IRT%20Complete%20Manual.pdf>

Copeland Center for Wellness and Recovery

<http://copelandcenter.com/wellness-recovery-action-plan-wrap>

Dartmouth Supported Employment Center

<http://www.dartmouthtips.org/>

Missouri Peer Specialist

<http://www.peerspecialist.org/peerspecialist1.0/default.aspx>

SSI/SSDI Outreach, Access and Recovery (SOAR)

<http://soarworks.prainc.com/>

Missouri Recovery Network

www.morecovery.org



Save the date in 2016! Annual Conference on Sept. 14-16 2016 at the Hyatt Regency, St. Louis
Pricing for members and non members, accommodation information and more found by clicking [here](#)
Or visit www.mocoalition.org

Missouri ACT is on the web!

<http://dmh.mo.gov/mentalillness/provider/act.html>



WELCOME NEW FACES AND TEAMS!

We want to welcome those individuals that have recently joined our ACT teams!

Places for People FACT team:
Deb Patton – Prescriber
Tim Raney – Mental Health Specialist

Places for People Home Team:
Shaun Arnold – Vocational Specialist
Chris De Anna – RN
Ellen Regh – RN
Willie Mae Patton-Peer Specialist

Places for People ACT 1 Team:
Loretta Schoemel

Family Guidance:
Amanda Staines – Program Specialist
Monica Wise – CSS
Harold McClellan – Team Leader

Compass Health Raymore TAY Team:

Kristy Kauffman – Team Leader

Dr. Nabil - Prescriber

Laura Schmidt – RN

Johnny Reed – Supported Employment Specialist

Anthony (AJ) Huttenlocker – CSS

Danny (Wayne) Johnson – Substance Use Specialist

Places for People IM-PACT Team:

Jessica Jacobs – Team Leader

Karen Brockman – RN

Burrell Springfield Adult Team:

Ericka Crabtree – Team Leader

Burrell Springfield TAY:
Jonathan Cron – Case Manger



ACT Tips & Tools of the Trade

“While we cannot provide an exact outline of how to engage each client, we do offer a structure for assessing and getting to know each client, including the questions to ask to collect necessary information that will enable a new ACT team to form a supportive relationship and plan appropriate interventions to address client needs. The purpose of the initial, comprehensive, and ongoing assessment process is to collect factual information about the client, as well as

impressions, and assemble the information into a coherent understanding of the client’s culture and religious beliefs, strengths and weaknesses, aspirations and goals (e.g. employment or school, friends and relationships), worries and concerns, symptoms and impairments, accurate diagnosis, experience and response to past treatment. It is very important that the staff systematically collect information from the client rather than old assumptions that have

no basis and are the result of poor clinical practice.”

The seven parts of the ACT comprehensive assessment provide a guide for the team to collect this information. The assessments are completed by those members of the client’s individual treatment team who have appropriate skill and competence in each area.

(taken from A Manual for ACT Start-Up, 2003 Ed.)



RECOVERY ADVOCACY DAY!

Tuesday, Feb. 23rd in Jefferson City, MO. State Capital. Make your appointment with your legislator to share your recovery story!

[Click here](#) to register

For resource information on Supported Employment and Education services for Transitional Age Youth, visit the DMH website:

<http://dmh.mo.gov/mentalillness/transitionalageyouth.html>

TEAM MEMBER SPOTLIGHT:

Name:

Laura Schmidt, RN

Team:

Compass Health TAY Raymore

Position:

ACT TAY RN

How long have you been on the team?

1 month

What is your favorite food?

I am a sucker for great Italian food anytime. I love chicken picatta.

What is your favorite part about being on an ACT team?

That I really get to know the clients we have on the team. In my previous position, I was unable to really get to know my clients. I feel like I am really getting to know the ones I have now.

What is something you would like to share with other teams?

Don't give up. You do make a difference.

Thanks Laura



TMACT Corner

For an ACT team to provide a rich integrated approach to mental health services with a range of treatment perspectives, it is critical to maintain adequate staff size and disciplinary background. This ensures that comprehensive, individualized service is provided to each client. If your team is serving 50 clients at it's capacity, the protocol requires that the team have at least 7 full time employees for highest fidelity to the ACT model. For teams with a larger capacity, such as 70 clients, there should be 8.2 full time staff on the team. Specialty teams may have forensic specialists, family support staff or therapists in addition to the core team members.

You can receive ACT specific technical assistance from DMH. Contact Lori Norval, Lori Franklin, Kelly Orr or Susan Blume. They are happy to assist!

Lori.Norval@dmh.mo.gov

Lori.Franklin@dmh.mo.gov

Susan.Blume@dmh.mo.gov

Kelly.Orr@dmh.mo.gov

MRN

MISSOURI RECOVERY NETWORK

The Statewide Voice for Recovery

www.morecovery.org 573.634.1029

The Missouri Recovery Network (MRN) was established in August, 1999. The initial funds for MRN were provided by a three year DHSS SAMHSA grant. When the grant was written, those in recovery from a substance use disorder had limited involvement in helping shape practices, policies and opportunities for those in recovery and seeking recovery. It became known that the recovery community had much knowledge and insight

to share based on their life experiences and that their contribution could and would positively affect and shape the mental health service delivery system. It was proposed in the original grant that funds would be used to establish a statewide recovery advocacy organization which would become involved in training and educating people in recovery about the mental health/behavioral health care system, the process of policy and systems change, and advocacy. Read more at www.morecovery.org Visit and like the MRN Facebook page!

(taken from www.morecovery.org)

MRN Presents...

"We Are the MISSING LINK to Long-Term Recovery" 1st Annual Peer Leadership Summit

March 18, 2016

Join peer specialists from across the state as we unify, collaborate, network, and learn.

Location: Lodge of Four Seasons, Lake Ozark, Missouri.

MRSS/MRSS-Ps, CMPS, VA peer specialists, and peer supervisors are encouraged to attend. 7.5 CEUs will be available. Save the date!

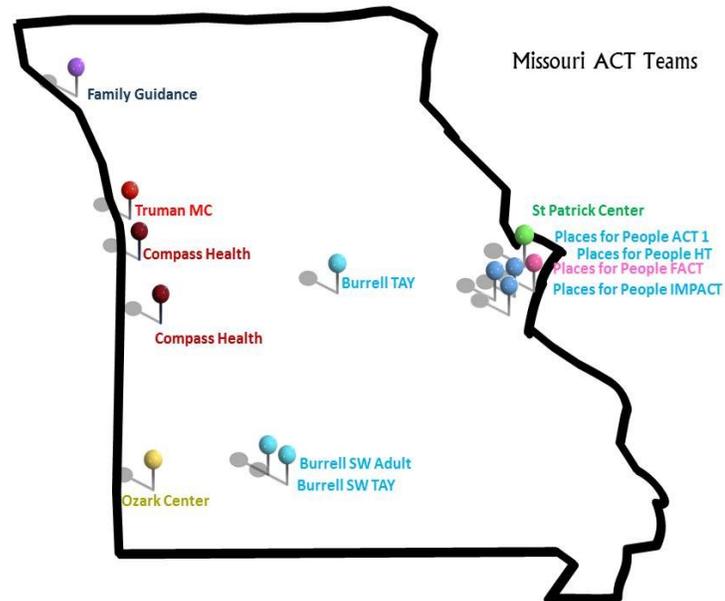
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Take the
SOAR
online
training
course by
visiting

<http://soarworks.princinc.org/course/ssissdi-outreach-access-and-recovery-soar-online-training>

Supported Employment in ACT

ACT Teams use Supported Employment Principals within services and if faithful to the model, outcomes should be similar to those found in the IPS evidence based practice. ACT and IPS share the basic principals of evidence based supported employment. Although they are separate and distinct programs in Missouri, they sometimes exist side by side in the same agency. ACT and IPS staff can benefit from sharing in supported employment techniques, trainings and job development strategies within their communities. This can support effective job placement and quality services for clients being served in either ACT or IPS. Here is important data below (taken from <http://www.dartmouthips.org/about-ips/>) which reflects the effectiveness of the IPS evidence based practice:

For most people with a mental illness, employment is part of their recovery.

Most people with severe mental illness want to work. Approximately 2 of every 3 people with mental illness are interested in competitive employment, but less than 15% are employed.

Individual Placement and Support (IPS) supported employment is evidence-based.

IPS helps people join the competitive labor market. IPS is three times more effective than other vocational approaches in helping people with mental illness to work competitively. IPS has been found effective for numerous populations in which it has been tried, including people with many different diagnoses, educational levels, and prior work histories; long-term Social Security beneficiaries; young adults; older adults; veterans with post-traumatic stress disorder or spinal cord injury; and people with co-occurring mental illness and substance use disorders. To date, we have not discovered a subgroup for which IPS has not been effective.

IPS is cost-effective.

Severe mental illness is a leading contributor to the global burden of disease and constitutes the largest and fastest growing group of beneficiaries in Social Security disability programs. Once on the disability rolls, less than 1% of beneficiaries per year move off of benefits to return to work. By helping people with mental illness gain employment, especially young adults experiencing early psychosis, IPS can help forestall entry into the disability system and reduce Social Security expenditures.

IPS is an excellent investment, with an annual cost of \$5500 per client in 2012 dollars. Most clients enrolled in IPS receive more mental health services than IPS services. IPS is cost-effective over the long term when mental health treatment costs are considered. Studies have found a reduction in community mental health treatment costs for people receiving supported

employment services, and a reduction in psychiatric hospitalization days and emergency room usage by clients who receive supported employment. Service agencies converting their day treatment programs to IPS have reduced service costs by 29%.

Over the long term, clients who return to work produce huge long-term savings in mental health treatment costs. A 10-year follow-up study of clients with co-occurring severe mental illness and substance abuse disorder found an average annual savings of over \$16,000 per client in mental health treatment costs for steady workers, compared to clients who remained out of the labor market.

IPS improves long-term well-being.

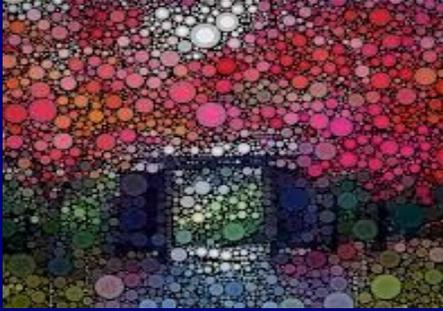
People who obtain competitive employment through IPS have increased income, improved self-esteem, improved quality of life, and reduced symptoms. Approximately 40% of clients who obtain a job with help from IPS become steady workers and remain competitively employed a decade later.

IPS programs have a high rate of successful implementation and sustainability over time.

The IPS model is a common sense, practical intervention that appeals to clinicians, clients, and the general public. Quality of IPS implementation is measured using a standardized fidelity scale. Programs ordinarily achieve high fidelity implementation within one year's time. High fidelity IPS programs have excellent competitive employment outcomes. IPS is relatively easy to implement with high fidelity, as shown in numerous implementation projects. With adequate funding, committed leadership, and fidelity monitoring, multi-site projects have successfully implemented IPS in over 80% of programs adopting this approach. IPS has been successfully implemented in both urban and rural communities. Once implemented, most IPS programs continue indefinitely to offer quality services if adequate infrastructure remains in place. One study found 84% of 165 IPS programs implemented over the last decade were still providing services in 2012.

Most Americans with severe mental illness do not have access to IPS.

Despite the benefits of IPS, access to IPS is limited or unavailable in many communities. First the good news: the Dartmouth-Johnson & Johnson Learning Collaborative has grown to 138 programs in 14 states with two new international partners (Italy and the Netherlands). But only 2.1% of clients with severe mental illness in the U.S. public mental health system received supported employment in 2009.70 Similarly, during 2007, <1% of Medicaid patients with schizophrenia had an identifiable claim for supported employment. Wider access to IPS would benefit people with severe mental illness, their families, taxpayers, and the general public.



Arts & Literature



Expression

It's night and the sun has hidden itself
Puffy red cheeks mounted on each side of
a freckled face

Of a chocolate grin

A little droplet of chocolate rushing down
the side of a cheek

Crackling papers to a sweet adventure

Oh the caramel popcorn

Oh a sweet feast

Ahh a little upset stomach child

Where's Popa the thought runs through
the humble child's mind

Popa is out wrestling with the axe to chop
down a tall tree for

The blazing fire place

As the night grows colder you can hear
the sound of big Popa

And the crumbling snow beneath his boots

The sound of the door knob has open and
Popa has open the door

Hi Jonny get ready for supper the sound
of Popa deep voice has

Settled in the boys mind there's soup for
dinner and the bread is

Baking in the oven and the smell fills the
logged home and as

Supper has ended the house has settled
and the sleepy monster

Has took over and the day has ended

By Anonymous

Burrell Columbia ACT-TAY

Me

Green grass connects me to nature

Fresh air connects me to peace

Clear skies connect me to time

Nature is pure

Peace is often

Time is forever

By Wayne A.

St. Patrick Center

I thank the Lord

I got my place

I used to be homeless

I changed my life

Beginning on my own

It's hard but I made it

Thank you God

I am happy

By Raquel Johnson

St. Patrick Center