Greetings to all from DMH. 2013 has been a full year, with lots of activity in the ACT world. DMH has been excited to add two new ACT teams in Missouri.

After an introductory training in the spring, an invitation was offered to agencies across the state to submit proposals for a specialized type of ACT team which targets the transitional age youth/young adult population aged 16-25 years. Burrell Behavioral Health in Columbia is the first agency to begin this new ACT team that will be serving this special population. As Burrell staff gear up their team, we are eager along with them in supporting the first Missouri ACT team serving a specific age range of consumers.

We are also excited about Places for People’s new ACT team, cleverly called the IMPACT team. This addition to the Places for People ACT family is offering the full array of ACT services. This year DMH has also been delighted about some new facets to ACT teams.

Clinical Pharmacists have been approved, on a case-by-case basis, to fulfill the role of psychiatric care provider. Dr. Kelly Gable is an example of this, and is now the psychiatric care provider on the Places for IMPACT Team.

Also this year, reviewers were introduced to an effective treatment for consumers diagnosed with Schizophrenia and Schizoaffective disorders. This treatment is called Cognitive Enhancement Therapy, or CET. This intervention, which is being offered by the Truman ACT Team, is listed in the National Registry of Evidence-Based Practices and the team is seeing very positive results.

In review of the TMACT fidelity scores, we are seeing an overall trend of improvement across scale items. Using the Fidelity Improvement Plan (FIP) process has been productive and helps target areas in which improvements impact a wider scope of areas.

You all are doing a great job out there while working with individuals in the community with some of the most severe symptoms. Keep up the good work!

If you have a submission for the MO ACT Newsletter, please contact:

Kelli Hood at Kelli.Hood@dmh.mo.gov
ACT Tips & Tools of the Trade

Ongoing Help with Housing

Whatever the cause, it is not unusual for clients to change residences. Clients need to upgrade their housing expectations as they mature. For example, a client may select a small place in a busy neighborhood at age 18 but desire more material possessions and a larger, nicer place at age 30. Others change residences when they are experiencing periods of instability, are unable to maintain their residences and are evicted. Thus, like the other rehabilitative services described in this chapter, housing assistance is provided throughout the course of client involvement with the ACT program.

Taken from page 136 in A Manual for ACT Start-Up 2003 edition
We are always looking for works of art from our ACT Teams to feature in the newsletter. We have an artist from the ACT family in our midst who was willing to share some of her beautiful work with us for this edition. Babs Albon, Peer Specialist with Truman Medical Center ACT Team, was taught by her father at a young age how to take photographs in black and white. However, still using some of her father’s tips of the trade, she has embraced digital color photography.

Babs loves to photograph trees but has a creative eye for other subjects as well. She was given an honorable mention in this year’s “Sunshine from Darkness” contest for her tree photograph (left) taken on the Indian Creek Trail in Overland Park. Babs sees a lady in the tree….can you see her too? The next photo was taken at the Holocaust Museum in Washington DC. The girls are on the edge of their seats and taking in everything this survivor of the holocaust has to share. Babs especially likes the quote just above her head: “You are my witness.” Isaiah: 43:10. In addition to photography, a special interest for Babs this year is smoking cessation. She has become a Smoking Treatment Specialist and made a creative impression relevant to her recent endeavors on the subject.

The Department of Health and Human Services offers various Smartphone applications that can assist individuals with refraining from smoking. These Smoking Cessation apps provide strategies, tracking mechanisms and support. They are designed to guide a smoker through various phases of quitting and staying smoke free.

NCI QuitPal by National Cancer Institute (iPhone, iPad, iPod Touch)
NCI QuitGuide by National Cancer Institute (iPhone and Android)
NCI QuitStart by National Cancer Institute (iPhone)

Smoking Cessation Mobile Apps

The Missouri Mental Health Foundation presented the Real Voices, Real Choices annual Peer Conference on August 18-20, 2013 at Tan-Tar-A Resort. The conference was very well attended this year with Peer Specialists, mental health professionals, families and affiliates from all over the state. The conference included a variety of break out sessions with interesting and informative topics.

The conference pamphlet can be viewed at:
http://dmh.mo.gov/docs/consumersafety/ConferencePamphlet.pdf

Highlights included information presented on job readiness, crisis intervention, disability benefits and more. Exhibitors set up at the main building included Hazelden, Missouri Family to Family, Advantage Nursing Services and many others.

The mood was very upbeat and there was a lot of networking between attendees. Door prizes were awarded throughout the conference and those who attended the Karaoke sing had a great time.

To view materials presented, video and photo memories, check out: http://dmh.mo.gov/constituentservices/consumerconference.htm

Watch for the upcoming 2014 conference dates and don’t miss registration!
TEA M M E M B E R S P O T L I G H T: Connie Bates

Name: Connie Bates
Team: Truman Medical Center, Kansas City, MO
Position: Program Assistant

How long have you been on the team?
I started working for the team on October 31, 2011, and have had two fun-filled, enjoyable years working with the great staff and clients here at Truman.

What is your favorite food?
Italian, especially at Carrabba’s Italian Grill!

What is your favorite part about being on an ACT team?
Everyone on the staff is very encouraging. It is a pleasure to come to work every day and not only feel appreciated, but feel like I am helping the staff, and the clients, and making a difference in their lives.

What is something you would like to share?
I would like to thank each person on the team, not only here, but on all the Missouri teams, for their hard work, their dedication, and the caring and compassion they offer to our clients every day. This can be a very hard, frustrating job, but the rewards are tremendous when a client is successful in getting their life back on track!

SOAR (SSI/SSDI Outreach, Access, and Recovery)
This national project is designed to increase access to the disability income benefit programs administered by Social Security for eligible adults who are homeless or at risk of homelessness and have a mental illness and/or a co-occurring substance use disorder. Find out more at: http://www.prainc.com/SOAR/

All 2013 3rd round total fidelity scores across teams were 3.5 or above!

TM ACT Corner

The intended use of the TMACT is to glean a snapshot of current ACT team structure, staffing, and practices to compare with a contemporarily defined ACT model (i.e., program fidelity), the ultimate purpose of which is to guide quality improvement consultation. The detailed specification of practice within the TMACT, as well as accompanying tools, can help guide those involved in ACT implementation with identifying core areas of relative strength and weakness to target for ongoing performance improvement efforts. Developmental progress of the team can be captured in a series of fidelity assessments over time.
Success Story: Family Guidance Center ACT- St. Joseph

After a series of hospitalizations from 1997 through 2006, Paul was referred to Family Guidance Center for treatment of paranoid schizophrenia and addiction. Paul exhibited poor decision-making while using marijuana, alcohol and meth, which led to a separation from his wife and kids. Paul also lost his job due to his drinking; and he continued struggling with relationships and managing his finances. It was at that point, in 2007, the Public Administrator was appointed as Paul’s legal guardian.

In October 2010, Paul was admitted to the ACT team. Despite fearing a more restrictive environment, Paul showed minimal motivation for change. In the end, Paul was placed on a high level of restriction that lasted for more than two years, where he was not even allowed to leave the Residential Care Facility (RCF). Paul worked with the ACT team in order to increase his level of independence by adhering to medications, learning to budget, and learning the bus system. While residing at the RCF, the ACT team educated Paul on signs and symptoms of his mental health diagnosis, as well as utilizing coping skills for relapse prevention. By the end of the second year, Paul slowly became a mentor for others in the RCF who were struggling with their own addictions.

In May 2013, Paul graduated from the Addiction Treatment Services program with ACT staff attending his graduation. As of November 2013, Paul can now report he has been clean and sober since November 2012, with no occurrence of relapse. After refreshing his memory on independent living skills, Paul was able to move from the RCF and into his own Semi-Independent apartment. Paul continues to attend AA/NA meetings regularly and has returned to Adult Education classes to obtain his GED. Paul would say that the greatest joy of moving into his own apartment is having his daughters come visit him on the weekends to watch the Chiefs play football.

Thank you to Liz Jonas and Erin Murphy for sharing!

State and private agencies are known for using lots of acronyms. In the spirit of good humor, here are some great ones:

D.I.E.T. = Do I Eat Today?
M.A.I.D. = Mother Actually In Disguise
BMW = Big Money Waster
H.O.P.E. = Have Only Positive Expectations
TEAM = Together Everyone Achieves More
F.L.U. = Fluids Leaking Unstopping
NASA = No Aliens Seen Anywhere
SPAM = Seriously! Poor Advertising Method!
MAC = Most Awesome Computer
RSVP = Reply and Send Valuable Presents!
GOOGLE = General Oblivion and Omnipotent Guide to Lots of Everything
Transitional Age Youth - Who Are They?

As young people prepare to transition into the world of adulthood, we know there are many exciting times as well as many challenges ahead of them. The term Transitional Age Youth (TAY) is used to describe the period of time where personal development and life decisions are at the forefront. These emerging adults, ages 16-25 years, may be contemplating employment and higher education, considering more independence in their living situation, balancing parental and peer relationships, seeking out new recreational activities and exploring the world of dating. It is also possible they are in charge of their own healthcare, money management, and personal goal achievement. Behavioral health issues will further complicate this time of newly acquired responsibilities.

We know by age 14, 50% of all mental illnesses will manifest and by age 24, that number increases to 75% (Clark & Unruh, 2009). Further, TAY are asked to navigate significant life events even though the part of the brain that is critical in making these life decisions isn’t fully developed until age 25.

As behavioral health providers we need to be particularly sensitive to the developmental needs during this time period and provide services that will meet the needs and wants of these individuals. Effectively meeting the needs of this population means also having an understanding of how to navigate “systems” such as healthcare, justice, and educational services serving both youth and adults.

An increased focus on peer-to-peer engagement techniques, anti-stigma strategies, and the emerging adults’ individual relationships with their care coordinators describe several of the best practice principles in service provision for emerging adults.

Thanks to JJ Gossrau, Connie Cahalan and Melissa Smyser for this information!

A Note of Thanks: Ozark Center ACT Team

The Ozark Center ACT Team received a thank you letter from a consumer’s natural support. I love that the writer not only expresses her gratitude to the team, but also hopefulness and expectation for continued recovery for her loved one! This is the direct quote of what she wrote to the team:

“Just wanted to take a moment to say thank ya; and to let all of you know that ya are much appreciated! Ya have givin’ John* someone to open up too, and me someone to cry too. Not too mention ALL the rest ya have done. We are very lucky to have ya to turn too. Can’t wait for the day to come when we call ya- just to say hey & everything is wonderful though! With ya’s help I know we will.”

Thanks to the Ozark Center ACT Team for offering this submission!
DMH Contact Information:

Susan L. Blume, M.Ed., Manager of Service Implementation & Evaluation
Department of Mental Health
1706 East Elm Street
Jefferson City, MO 65101
Phone: (573) 751-8078
Susan.Blume@dmh.mo.gov

Kelli Hood, M.A., LPC, CCDP-D, Community Mental Health Center Specialist
Department of Mental Health
5400 Arsenal Street
St. Louis, MO 63139
(314) 877-5972
Kelli.Hood@dmh.mo.gov

Lori Norval, MS, LPC, QA Specialist
Department of Mental Health
2201 N. Elm St.
Nevada, MO 64772
(417) 448-3476
Lori.Norval@dmh.mo.gov

Missouri ACT is on the web!
http://dmh.mo.gov/mentalillness/provider/ACT.htm

ACT TEAMS ACROSS MISSOURI

Burrell Behavioral Health - Springfield
Burrell Behavioral Health - Columbia
Family Guidance Center - St. Joseph
Ozark Center - Joplin
Places for People ACT 1 - St. Louis
Places for People Home Team - St. Louis
Places for People FACT - St. Louis
Places for People IMPACT - St. Louis
St. Patrick Center - St. Louis
Truman Medical Center - Kansas City