Hello from DMH!

While many of us may be thinking about the departure of our good friend, Kelli Hood, who has moved back to her home state of Kentucky, this past year has also brought new faces and teams to the ACT family in Missouri. We welcome new teams from both Burrell Behavioral Health and Pathways Community Health.

DMH is preparing for the Excellence in Mental Health Act. This federal legislative action will help increase access to community mental health and substance use treatment services, while improving Medicaid reimbursement for these services. It creates criteria for certified behavioral health clinics as entities designed to serve individuals with serious mental illness and substance use disorders that provide intense person-centered, multidisciplinary, evidence based screening, assessment, diagnostics, treatment, prevention and wellness services.

Assertive Community Treatment is an evidence based, multidisciplinary, person-centered form of treatment that offers comprehensive integrated treatment. It is in line with the criteria outlined in the Excellence in Mental Health Act. Community Mental Health centers across the state who offer both ACT and Integrated Dual Diagnosis Treatment (IDDT) services will be best suited to continue providing these essential services to those in need from our targeted population.

The ACT treatment planning process is a key activity associated with the ACT model. It encompasses important elements including strengths informed treatment planning, person-centered planning, targeting a broad range of life goals and consumer self-determination and independence. These are achieved through formative pre-planning between consumer and key staff, regularly scheduled treatment plan finalization meetings with consumer, natural supports and key team members, consumer goals and preference driven development and coaching as well as support by the team to promote client self-direction and leadership in the meeting. All these processes ensure clients learn to take part in their own treatment development and progress, celebrate successes and most importantly to achieve decreased need for intensive services.
ACT Tips & Tools of the Trade

**Goals of Social, Interpersonal Relationships and Leisure-Time Services**

ACT services for social and interpersonal relationships and leisure-time enjoyment help each client to:

1) Assess his or her social and interpersonal functioning, social development, culture, social skills, and interests, and develop an individualized plan with rehabilitation interventions which will help to establish, reestablish, and maintain relationships and increase social skills and comfort in social situations. 2) Receive individualized services in normal social situations (e.g., a neighborhood coffee shop, the break room at work) in the community in which the client normally interacts with people. 3) Identify and overcome stressors, behaviors, and environmental issues which affect and diminish quality of interpersonal relationships. 4) Reduce the stress of unstructured time—
evenings, weekends, and holidays— and foster normal social routines. 5) Plan to participate in, and handle holidays, family and other social obligations with less stress and greater competence.

Taken from A Manual for ACT Start-Up 2003 edition

These goals are highly valued by our clients and teams must assist clients with developing needed social and leisure skills.
TEAM MEMBER SPOTLIGHT:

Name: Abbi Phillips
Team: Ozark Center ACT Team, Joplin MO
Position: Community Support Specialist

How long have you been on the team? 3 years.

What is your favorite food? Chinese and Italian

What is your favorite part about being on an ACT team? Being able to work with the clients and having everyone that is on the team assist with the client’s recovery. As an ACT Team there is so much that we can do for a client that has severe diagnosis. Having that continuous care every week and multiple times a week, assists clients with furthering their recovery and potentially graduating from the more intensive services.

What is something you would like to share? In the last three years as a team we have helped so many. Some of my most rewarding times of being the Community Support Specialist is assisting clients with finding housing or starting the disability process. Some of my clients have never had the support system or trust someone to assist them with such things as housing or disability benefits. It is a big step for those individuals to allow me to assist and help them get certain things, then watching them grow as a person.

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

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—John Wooden

SOAR
(Social Security Outreach, Access, 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://soarworks.prairie.com/

The ACT team approach is defined as ACT staff working as a trans disciplinary team rather than as individual practitioners; ACT staff know and work with all consumers. The entire team shares responsibility for each consumer; each clinician contributes expertise as appropriate. The rationale for team approach is that this approach ensures continuity of care for consumers, and creates a supportive organizational environment for practitioners. Furthermore, the assumption is that consumers have personal goals that would benefit from the expertise and intervention of several team members; deliberate planning around aligning team expertise with delivering services consistent with consumer needs naturally results in a team approach within ACT. (Taken from TMACT protocol Part II, OS2)
Wanda* started working with ACT-TAY on January 21, 2014. As a 21 year old unemployed single mom, there were many demands she had to meet. Although we could see her needs and how we might be of assistance, Wanda did not seem so sure. For the next several months between the missed appointments and unre-turned phone calls, Wanda would occasionally meet with us. Later we learned that she had worked with many agencies since the age of 15, when she was removed from her home and lived at Boys and Girls Town until age 19. She has since admitted that trusting people and especially agencies proved very difficult for her. Slowly she got to know the team and began to be more honest about her struggles. The turning point came after a family member called Children’s Division hotline and reported an incident between Wanda and her daughter. Wanda was charged with cannabis use and placed on Probation. As she attended more appoint-ments with the ACT-Tay Psychia-trist and nurse, the need for medication adjustments became apparent. Wanda began to learn more about bi-polar disorder and how taking meds on a routine basis impacted her moods. The team could see different areas of her life that were becoming more stable and consistent. She attended therapy sessions, addiction group, and a local NA group each week. As she struggled to become comfortable with stability, the team members were there and continued to encourage and support her. After a couple months of sobriety, she obtained employment as a Home Health Assistant. Each step seemed to build her confidence. Some steps were practical, such as teaching her how to put her weekly schedule into her phone calendar so that she received reminders. She stated that learning about budgeting with the Vocational Rehabilitation Specialist was a big step for her. “I was never shown how to live like an adult. No one ever taught me how to pay bills and save money. My mom still is schizo-phrenic and use to pull me out of bed in the middle of the night and tell me I was evil and the devil. I really never even thought I was abused until one of my teachers reported some-thing to DFS. I hated being at Boys and Girls town, but looking back I was safe. But it was an institution and I was never taught things like how to go to a nice restaurant, or have manners. It took a lot for me to start trusting you guys. I forget how far I’ve come until you guys remind me.” At this point Wanda has not used cannabis for 6 months. She has kept her job with the Home Health Agency for the past 4 months and states she enjoys it. She continues to work with Parents as Teachers to learn parenting skills. Wanda is more engaged with her treatment. She will miss appointments as her job calls her in at odd hours, but most of the time will call the office to reschedule. Wanda does struggle at times to take her meds consistently. However, those incidents are fewer and further between than a year ago. “Working with ACT has been good. I’m glad to have you guys because I’m afraid of not being on probation in a few months. I want to stay clean, you know, for my daughter.”

Remember the book To Think That I Saw It on Mulberry Street? Theodor Seuss Giesel found his first book re-jected by 27 dif-ferent publish-ers. Yet this fa-mous children’s book author went on to give us Cat in the Hat, Green Eggs and Ham plus many other great works after persevering in his craft!

90% of MO ACT teams scored an average of 3.8 or higher on Operations & Structure in 2013-2014!

DMH Contact Information:

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Strengthening Family Support for Young Adults Transitioning to Adulthood
(Taken from the tip sheet for service providers, Sept. 2012. By Pauline Jivanjee, Eileen Brennan and Claudia Sellmaier in consultation with the Pathways Transition Training Collaborative, mental health consumers, families and service providers.)

Things to consider when working with young adults who are transitioning to adulthood:

**Relationships with families**
- Some young people may be grateful for support that family members offer them as they work toward recovery and independence (Preyde, Cameron, Frensch, & Adams, 2011).
- Other young people may want to strike out on their own and not want other family members in their business (Arnett, 2000).
- Families are a resource and generally want to be helpful. Youth in crisis may not see what families have to offer; providers should be prepared to speak about the value of involving families.

**Providers are encouraged to:**
- Recognize social and emotional supports, including siblings.
- Ask family members questions to find out about the challenges they face.
- Recognize isolation, fear, and loss of control in parents.
- Ask questions about the important systems that affect the family’s ability to support their young person (e.g. school, transportation, employment, family support).
- Recognize the practical assistance families provide: financial help (housing, bills, access to health care); treatment; education.
- Avoid jargon and talk clearly to families.
- Support families finding a balance between wanting to protect their children and needing to let them make mistakes.
- Support families to encourage their children to take responsibility for their own care in new environments (college, first apartment, supported housing).
- Offer assistance to families to get their young people ready to make their own decisions and to advocate for themselves.
- Avoid blaming families if their children make mistakes.
- Help families to get connected with Family Support Organizations and link them with Family/Parent Advocates.

More young adults graduated from high school and earned college degrees in 2012 than in 2000.

Resources

Promising Practices

The PPN website is a unique resource that offers credible, research-based information on what works to improve the lives of children and families.

http://www.promisingpractices.net/

Copeland Center for Wellness and Recovery

Dartmouth Supported Employment Center
http://www.dartmouthips.org/

Missouri Peer Specialist
http://www.peerspecialist.org/peerspecialist1.0/default.aspx

SSI/SSDI Outreach, Access and Recovery (SOAR)
http://soarworks.prainc.com/
Acronyms have always been an integral part of computer culture, and they have since spawned a new language on the Internet. Commonly thought of as a series of letters that make up a ‘word’ there is a distinction between acronyms and shorthand. With hundreds of millions of people texting regularly, it’s no wonder you’ve seen this cryptic looking code! Commonly used wherever people get online -- including IM’ing, SMS’ing, cell phones, blackberries, PDAs, web sites, games, newsgroup postings, in chat rooms, on blogs, or on social media -- these abbreviations are used by people around the world to communicate with each other.

B4N - Bye for now
WAD - Without a doubt
GTSY - Good to see you
TXT - Text
TYVM - Thank you very much
PLZ - Please
MOS - Mom over shoulder
LOL - Laughing out loud
JAM - Just a minute
IDK - I don’t know
CUL - See you later
IJS - I’m just saying..
PBM - Potty break
ROFL - Rolling on the floor laughing

~taken from NetLingo.com