

Assertive Community Treatment

ISSUE 5 WINTER 2014-2015

MO ACT NEWSLETTER

Burrell Behavioral Health - TAY Team - Columbia

Burrell Behavioral Health—Springfield

Burrell Behavioral Health - TAY team - Springfield

Family Guidance Center - St. Joseph

Ozark Center - Joplin

Pathways Behavioral Health - Nevada

Places for People ACT 1 - St. Louis

Places for People Home Team - St. Louis

Places for People IMPACT - St. Louis

Places for People FACT - St. Louis

St. Patrick Center - St. Louis

Truman Medical Center - Kansas City

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 communi-

ty 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 Treat-

ment is an evidence based, multi-disciplinary, 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.

ACT Treatment Planning

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.

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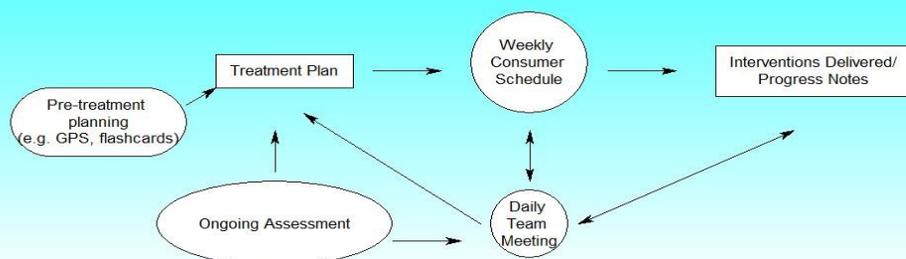
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TREATMENT PLANNING PROCESS





Missouri
Assertive
Community
Treatment
Newsletter
Issue 5

WELCOME NEW FACES AND TEAMS!

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

St. Patrick Center:

Sherry Hogan-Smith, -
Mental Health Specialist

Places for People ACT 1 Team:

Jennifer Fournier – Peer Specialist

Family Guidance Center:

Melissa Fraley – Case Worker

Truman Medical Center:

Ed Plese – Nurse

John Kelley – co-occurring specialist

Jennifer Fournier – Peer Specialist

HOME Team at Places for People:

Bernice Hill – RN

Travis Tuttle – RN

Places for People F.A.C.T. Team:

Emily Robinson – Program Assistant

Dr. Ahsan Khan – Psychiatrist

Tim Rane – Substance Use Specialist

Eugene Staten – Vocational Specialist

Burrell Behavioral Health - Columbia area TAY Team:

Amanda Smith – Program Specialist

Dr. Nair – Psychiatrist

Ashley McGee – Case Worker

NEW ACT teams!

Pathways Behavioral Health:

Peggy Stark – Team Leader

Charity Rochon – RN

Tom Reed – IDDT Specialist

Cathy Lockwood – Mental Health Specialist

Jessica Collins – Vocational Specialist

Marie Conner – APN

Dr. Rasheed – Psychiatrist

Kelly Lane – Program Specialist

Burrell Behavioral Health – Springfield area TAY Team:

Mat Gass – Program Director

Susan Baker – Team Leader



Missouri now has 12 ACT teams!

Missouri ACT is on the web!

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



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:



“Talent is God given. Be humble. Fame is man-given. Be grateful. Conceit is self-given. Be careful.”
 ~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.prairenc.com/>

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 fur-

thering 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 has 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.

Thanks Abbi

TMACT Corner

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)

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

Lori.Norval@dmh.mo.gov

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Success Story

Presented by Laura Frost, Burrell Columbia TAY Team



Remember the book To Think That I Saw It on Mulberry Street? Theodor Seuss Giesel found his first book rejected by 27 different publishers. Yet this famous 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!



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 unreturned 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 appointments with the ACT-Tay Psychiatrist 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 schizophrenic 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 something 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."

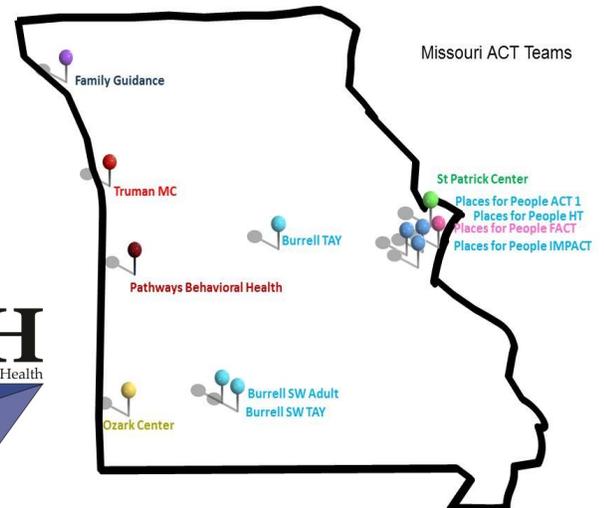
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Promising Practices

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/>



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

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.

<http://www.pathwaysrtc.pdx.edu/>

Resources



Center for Evidence-Based Practices at Case Western Reserve University
<http://www.centerforebp.case.edu/>

Copeland Center for Wellness and Recovery
<http://copelandcenter.com/wellness-recovery-action-plan-wrap>

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/>

BRB HI 5 GTG G4I CUL
 SH HAY PS ROFL SIA BAC

DUR
 JAM
 ISS OT
 LTS
 ADDY
 FWD
 WEM

TEXT Lingo

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. *~taken from NetLingo.com*

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..
PB - Potty break
ROFL - Rolling on the floor laughing

TAW
 DC
 R&R
 GTSY
 VM
 S2U
 PB
 WAD