Hello from DMH

Providing quality ACT services is hard work for teams. It takes a lot of dedication from individuals who are passionate about the work they do. At DMH, our priority for teams is to provide the best services for the best outcomes to the individuals they serve. As part of supporting teams in doing so, we have been able to offer a variety of trainings and technical support. We have a variety of fidelity review staff who have diverse types of job experience and evidence based practice training. Some of the various types of team support we can provide include:

**Staff observation**
- Transfer of interventions to documentation
- Coaching on EBPs as well as best practices such as motivational interviewing, person centered planning, psychosocial rehabilitation and therapy modalities

**Review of documentation**
- Feedback on evidence of using EBP in interventions
- Feedback on assessments, pre-treatment planning or final treatment planning examples
- Review/feedback on staffing logs, staff and client schedules
- Review/feedback on tracking of engagement efforts and interventions
- Feedback on transition to less intensive services

**Attending meetings with the team**
- Coach on effective use of the meeting time
- Coach on logging the meetings and tracking supplemental information such as contacts and outcomes
- Demonstrate, assist and coach on person centered planning

**Trainings**
- 1:1 or team trainings on the use of evidence based practices
- 1:1 orientation to role training
- Training on specific areas of fidelity to the ACT model
- Understanding and following the TMACT protocol
- Orientation to ACT model
- Working effectively as a team
- Psychosocial rehabilitation provision and documentation
- Person centered planning
- Trainings provided both face to face, live via webinar or recorded video trainings

**Networking and training**
- Regular conference networking calls scheduled for each team member according to their specialty
- Face to face networking and training conferences to provide client outcome data, special trends in achieving fidelity to the ACT model and topic trainings relevant to team leaders

*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.*
NEW FACES AND TEAMS!

<table>
<thead>
<tr>
<th>Places for People Impact Team:</th>
<th>Hopewell Center TAY:</th>
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<tbody>
<tr>
<td>Paige McNaughton — Program Assistant</td>
<td>Steadman Williams — Vocational Specialist</td>
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<tr>
<td>Shanika Eli — Vocational Specialist</td>
<td>Adam Larkin — Peer Specialist</td>
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<td>Debra Morlock — CSS</td>
<td>Debi Schuhow — Prescriber</td>
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<td>Places for People ACT 1 Team:</td>
<td>Burrell Springfield Adult Team:</td>
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<td>Sara Ivy — CSS</td>
<td>Denise Monson — RN</td>
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<td>Nicole Pawlowski — Peer Specialist</td>
<td>Adam Larkin — Peer Specialist</td>
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<td>Trina Brown — Program Assistant</td>
<td>Burrell Center TAY/BHDD Columbia Team:</td>
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<td>Places for People Home Team:</td>
<td>Cole Westhoff — CSS</td>
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<td>Laranda Cooper — Program Assistant</td>
<td>Burrell Center TAY Columbia Team:</td>
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<td>Places for People ACT 1 Team:</td>
<td>Samantha Moog — Substance Use Specialist</td>
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<td>Sara Ivy — CSS</td>
<td>Kailin Tintes — CSS</td>
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<td>Nicole Pawlowski — Peer Specialist</td>
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<tr>
<td>Trina Brown — Program Assistant</td>
<td>Autumn Graves — RN</td>
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Employment as a Responsibility of the Whole Team

Initially, many clients indicate that they do not want to work or that they think they are unable to work. In addition, because staff can’t predict how well a person is going to do in employment, they may be hesitant to help clients to find jobs. To overcome both client and staff resistance or apprehension, it is absolutely critical for the vocational specialist and all the team members to work together to encourage, support, and provide clients opportunities to try to work.

The ACT team increases client interest and motivation to work by:

- Talking about work, stimulating thinking about work and raising expectations to work in individual and group and formal and informal interactions with clients.
- Finding work opportunities for clients to boost their confidence and help them realize they can work and to determine their work interests and competencies.

After gaining work experience (e.g., working at several jobs) clients begin to

- Believe that they can work
- Successfully meet expectations that go with work
- Feel a sense of accomplishment and belonging

**TEAM MEMBER SPOTLIGHT**

Name: Renata Johnson  
Team: ACT-TAY team “Metro”, Compass Health  
Located: Jefferson City  
Position: Vocational Specialist  
Favorite food: SEA food- Pasta  

My Favorite thing about being on the ACT-TAY team is being part of a team. Crossing each other’s T’s and dotting the I’s; tag team to victory; a support.  

Something I would like to share with other teams is picture yourself as the mechanics working in stations but together we function to succeed. Continue to work as a team, bounce ideas off each other, don’t be afraid to try and think outside the box. You are a living, walking testimony. Be that guide for the youth who can do it, but just need support doing it, completing it and succeeding at it. Go in with compassion and come out with a relationship with a successful treatment, a great experience and blessing to what we call our family; our village. Don’t be afraid to communicate and use the same tools that we exercise with our family (clients) which are the same tools we as a team should put in to practice daily. Reach out to other teams. The monthly calls for this position are so helpful. The trainings are so helpful. The good thing about the learning is that we can never know and learn enough. There are always different tactics that can be used and practiced. Its ok to care. Make sure you are taking care of yourself. To have a healthy team is to be a healthy you—together. Lastly, to have a team is to have good direction and with good directions comes a great leader. So I tip my hat to the team leads who work tirelessly and effortlessly to make sure the team is well prepared and clients are all secure.

For resource information on Supported Employment and Education services for Transitional Age Youth, visit the DMH website:  
http://dmh.mo.gov/mentalillness/transitionalyouth.html

Follow PACTwise team solutions’ blog for interesting articles written by fellow ACT staff with over 30 year’s experience in the field at:  
https://pactwiseblog.com/

**TMACT Corner**

Emerging Needs in Team Meeting/Daily Staff Schedule  
In addition to being driven by weekly consumer schedules, the daily staff schedule is also based on consumers’ emerging needs identified during staff report during the daily team meeting. “Emerging needs” are defined as any consumer needs identified during the daily team meeting that were not already scheduled to be addressed for that day based on that consumer’s weekly schedule. Examples include:  
- Medical, dental or other appointments not regularly scheduled based on the consumers’ treatment plan;  
- Crisis response contacts  
- Hospitalization  

You can receive ACT specific technical assistance from DMH staff. They are happy to assist!  
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Center for Evidence-Based Practices at Case Western Reserve University
http://www.centerforebp.case.edu/

Individual Resiliency Training (IRT)

Copeland Center for Wellness and Recovery

Division of Behavioral Health Employment Services
http://dmh.mo.gov/mentalillness/adacpemploymentservices.html

Dartmouth Supported Employment Center
http://www.dartmouthhips.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

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Missouri ACT Teams

- Preferred Family Healthcare TAY
- Compass Health Crider TAY
- Hopewell TAY
- St Patrick Center Adult
- Burrell BHDD/TAY
- Burrell TAY
- Places for People ACT 1
- Places for People HT
- Places for People FACT
- Places for People IMPACT
- Ozark Center Adult
- Burrell SW Adult
**Language of Recovery**

In working with individuals, it is important to reframe our thinking as helpers and ultimately the language we use to refer to and about them. Consider making these changes in your terminology:

- Treatment as the goal and only way to recovery vs treatment is an opportunity for initiation into recovery (multiple paths into recovery)
- Untreated addict/alcoholic vs individual not yet in recovery
- Substance Abuse vs Substance Use Disorder/Addiction/Substance Misuse
- Relapse Prevention vs Recovery Management
- Relapse vs Recurrence/return to use
- Clean/Sober vs Drug Free/free from illicit and non-prescribed medications
- Drug Overdose vs Drug Poisoning
- Graduate from Treatment vs Commence Recovery
- Denial vs Ambivalence
- Clients/Patients/Consumers vs the people in our program/ the folks we work with/ the people we serve
- Non-compliant vs choosing not to/would rather/is looking for other options

(adapted from Addiction Technology Transfer Network)

**Free MOACT forum/discussion board**

DMH has secured a private, web-based location for a forum/discussion board for ACT team staff members. The site is located at [http://moact-board.freeforums.net/](http://moact-board.freeforums.net/)

You must register for entry to the forum and to see all the posts. Your registration is approved by one of the administrators of the forum. Once approved, you may begin reading the threads and posting or replying to existing threads. The forum has sections to describe it’s purpose, the rules for participating and members must agree to HIPPA compliance with posting. All posts are monitored by forum administrators and will disallow any private client information. Forum memberships are removed if a member leaves ACT team service provision.

We hope the forum will give staff an opportunity to browse important topics relevant to ACT at their convenience as well as offer a platform to post questions, discussions or suggestions to your co-ACT teams across the state.

**Sign up now and be part of our discussions!**
DMH hosted the annual ACT Team Leader face to face meeting on September 29th. We had leaders and assistant team leaders representing all the agencies. A full day of activities were planned including introductions, ice breaker, discussion topics, networking opportunities and awards. Team Leaders had the opportunity to think about their own team’s culture and chose one word that defined their team. Those were shared with the full group and leaders gave detail supporting their word choice. The cultures were positive and interesting and provided food for thought for all the leaders to consider and reflect upon. During lunch, awards to teams with high scores in the TMACT scales from last review cycle were presented including:

**High scoring team in Operations and Structure** - Burrell SW adult team scoring “5”

**High scoring teams in Core Team** — Places for People FACT and Ozark Center TAY both scoring “4.6”

**High scoring teams in Specialist Team** — Burrell Columbia TAY and Places for People IMPACT both scoring “5”

**High scoring teams in Core Practices** — Burrell Columbia TAY and Ozark Center TAY both scoring “5”

**High scoring team in Evidence Based Practices** — Ozark Center TAY scoring “4.6”

**High scoring team in Person Centered Planning** — Ozark Center TAY scoring “4.6”

**Highest baseline score ever** — Ozark Center TAY scoring total score “4.6”

Also awarded was most improved overall for years of operation — Places for People Home Team with 1.20 point improvement in the TMACT

Most improved in the 2016-2017 review cycle — Places for People FACT with a .80 improvement in score

Places for People FACT was also recognized as being mentioned in recent study of forensic services provided in Missouri.

Team Leaders networked with one another about their own leadership styles and abilities, including consideration of the Top 10 leadership abilities, tapping into their leadership abilities and how these effect fidelity to the ACT model. In addition, Leaders were given actual scoring information across all teams (from the latest review cycle). These included several scale items including scales averaging “3” or less by all teams, scales with wide range of scoring among teams and scales in which teams score exceptionally high. Factors impacting the lower or higher scores were noted and discussed. The meeting ended with the ACT outcomes data presented in line and bar graphs to reflect the variations among teams.

Overall it was a great day with good information sharing, learning, networking and some fun and food thrown in for good measure. We are planning another meeting in 2018, most likely in the fall. Specific dates will be forthcoming. Thanks to all who attended and congratulation to our award recipients.
Submit your client art—poetry, photos, testimonials, short stories, photos of paintings, sculpture, etc.—to lori.norval@dmh.mo.gov