Hello from DMH

So here we are, a few short weeks into CCBHC implementation...dipping our toes (or treading water it sometimes seems) as we embark on a journey that is designed to demonstrate the cost effectiveness of converting Medicaid reimbursement for community behavioral health services from a fee-for-service reimbursement system to a prospective payment system while improving the availability, accessibility, and quality of community behavioral healthcare.

State community behavioral health systems are increasingly viewed as a key piece of the health reform puzzle. Whether we are talking about integrating with physical health care, addressing the needs of Medicaid’s most expensive and complex populations, or being the go-to system for high-visibility public health issues (suicide prevention, opioid addition) more is expected of community behavioral health systems than ever before.

For the first time in more than a generation, our country has a common definition for a certified comprehensive behavioral health center and reimbursement based on the true anticipated costs of care. This will fundamentally transform the way organizations deliver care. The focus will move away from a productivity focused system to a system focused on client outcomes, quality services and recovery for the people we serve.

When you walk through the door of any CCBHC you will have access to a full array of services to address your mental health and substance use treatment needs, basic primary care assessments, and important support services. All will emphasize recovery, wellness, trauma sensitivity, and cultural and linguistic competence. All will be available in one familiar place. CCBHCs can now begin to think about how best to deliver services guided by allowable costs rather than externally imposed rates. In other words, our system has an awesome opportunity to reimagine a true recovery, wellness, trauma-sensitive, multi-culturally prepared, individualized system of services.

The CCBHC demonstration project supports use of evidence based practices, such as Assertive Community Treatment, and fully supports integration of services and quality care – something that Missouri’s ACT teams have focused on all along. Keep up the good work and thanks for all that you do.

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!

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

**Burrell Center Columbia TAY:**
- Katelyn Cossgrove—Substance Use Specialist

**Places for People Home Team:**
- Brian Beckner—Peer Specialist
- Shelby Beck—CSS

**Places for People Impact Team:**
- Aziza Harris—Peer Specialist

**St. Patrick Center:**
- Wanda Williams—RN

**Hopewell Center:**
- Breon Brown—CSS
- Micah Gillen—CSS

**Burrell Center TAY/BHDD Columbia Team:**
- Kevin Crosby—Team Leader
- Haley Cline—Vocational Specialist
- Rhonda Hall—RN
- Clare Bogle—Substance Use Specialist

**Family Guidance Center:**
- Amber Ellsworth—Program Assistant
- Amanda Stains—Peer Specialist

**Compass Health Adult Nevada Team:**
- Ron Ipok—Peer Specialist

**Compass Health TAY Raymore:**
- Dr. Chowdury & Dr. Kodela—prescribers
- Shelby Reed—Vocational Specialist
- Rebecca Sawyer—Peer Specialist

**Ozark Center Adult team:**
- Dr. Alicia Thompson—MD
- Sheryl Sterns—LPN

**Missouri ACT is on the web!**

[http://dmh.mo.gov/mentalillness/provider/act.html](http://dmh.mo.gov/mentalillness/provider/act.html)

ACT Tips & Tools of the Trade

**Shared Staff Roles**

The ACT team members share many roles and strive to function interchangeably to provide intense, continuous, and coordinated treatment, rehabilitation, and support services every day to each client. The multidisciplinary composition of the team ensures sufficient numbers of specialists who have training, expertise, and experience in each program area so that the team can provide treatment, rehabilitation and support services; education and consultation to families; substance use services; and assessment and case-management services. All the staff position descriptions include "provision" or "participation in the provision" of the core program services, including comprehensive assessment and case management, psychiatric treatment, substance use treatment, structuring time and employment, activities of daily living, social and interpersonal relationship and leisure time, and support. However, the levels of responsibility vary for each staff member by discipline and training and/or by specific program designation.

How well does your team know each other’s specialty of practice and how is that support reflected in treatment of clients? Modeling in team meeting, consultation among members and cross training will help ensure shared support of each treatment area.

TEAM MEMBER SPOTLIGHT

Name: Marcela Flynn

Team: Family Guidance Center ACT Team (Saint Joseph, Missouri)

Position: Community Support Specialist (CSS)

How long have you been on the team? Since February, 2017 (4 months)

What is your favorite food? All (vegetarian) Brazilian food

What is your favorite part about being on an ACT team? My favorite part about working with my team is that everyone is willing to teach and assist each other with anything in the job. It is really nice that we get to have a meeting each morning to debrief about the day before since meeting with consumers can be rewarding and challenging. Therefore, being able to share about the previous day helps others from the team to provide feedback and encouragements.

What is something you would like to share with other teams? Always work together. It makes everything better.

ACT teams serve a specific high-service need population of adults (and transitional age youth) with serious mental illness and are in a position to make decisions about who is served by the team. The team has specific admission criteria, which can be found in the MO-ACT admission criteria form on the DMH ACT website. Also the team should have the authority to be the gatekeeper for admissions to the team. Given that teams are working with consumers in greatest need and who typically require tremendous staffing resources, it is imperative that there is some mechanism by which the team is involved in the decision to both admit and discharge consumers from the team. (Taken from TMACT OS6)
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Resources

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

Missouri ACT Teams

Family Guidance Adult
Compass Health Adult
Compass Health TAY
Burrell TAY
Burrell SW TAY
Ozark Center Adult
Ozark Center TAY
Compass Health Crider TAY
Hopewell TAY
St. Patrick Center Adult
Places for People ACT 1
Places for People ACT 2
Places for People ACT 3
Places for People IMPACT

Division of Behavioral Health
5 day WRAP Facilitator Training
ReDiscover
901 NE Independence Ave
Lee’s Summit, MO 64086 July 24-28

2 day WRAP Workshop
St. Louis Psychiatric Rehabilitation Center
Dome Conference Rm
5300 Arsenal
St. Louis, MO 63139 August 29 & 30

5 day WRAP Facilitator Training
St. Louis Psychiatric Rehabilitation Center
4 Center Conference Rm
5300 Arsenal
St. Louis, MO 63139 October 16 – 20

For more information regarding trainings contact:
Stacey Williams, Advanced Level WRAP Facilitator at:
Stacey.Williams@dmh.mo.gov 573-522-2572
or
Mickie McDowell, Advanced Level WRAP Facilitator at
Mickie.McDowell@dmh.mo.gov 417-895-1332

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-forum-board.freeforums.net/

You must register for entry to the form 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!
A True Friend

In the cold, foggy winter of the year 2016, me and my family were walking along into the forest to start our hibernation. Mama bear, papa bear and my older sister all went ahead of me as I fell a few steps behind. We all went to the pond by the back of the forest and had some catfish for dinner (and let me tell you, it was the best dang catfish I have ever ate). After we had finished eating, mama, papa, and sissey decided it was time to start sleeping. I thought otherwise. So, I made sure my whole family was sound asleep, then I started walking towards the front of the forest. I made my way through the maze of trees, and I heard leaves crackling against the ground, so I knew someone/something was out there, but I didn’t know what/who! I came across a trail and along the trail was a fox. He looked lonely and confused. I made my way over to him, as I came closer, he backed away, I said “You have nothing to worry about! I’m a nice bear.” The fox smiled at me and said “My name is Tommy! What’s your name?” I then replied “My name is Sammy, nice to meet you Too...oo...mm...mm...mmmm...mmm!” Tommy asked “Why are you talking like that?” I replied with “I have Tourette’s Syndrome.” Tommy looked confused so he asked “What’s that?” I thought of how to explain my ‘disability’ and I began with “When I talk, I stutter and I can’t help it.” The fox said “I don’t care if you stutter or not, I will still be your friend!” I asked “Why are you being so nice to me?” Tommy said “I have anxiety and depression, and everyone calls me weird and picks on me.” I started to feel sorry for Tommy as I said “I have depression and anxiety also, and I would do anything to change the fact that I get used to get bullied everyday at school. My Sister used to stick up for me, but then I just got used to the bullying and have to deal with it, I would cry myself to sleep, and do anything I could to be happy, but nothing would work, I would feel like there is not a reason for me in this world.” Tommy looked at me and gave me a hug, I felt warm and safe at that moment. I said to Tommy “I am so happy that I now have a friend who understands me and who cares about my feelings” Tommy and Sammy took each other’s hand and started walking the trail and lived a long and happy friendship. I guess the moral of this story is that no matter what you are, there is a place and purpose for you. If you go out on your own and try and find yourself in others, you WILL succeed sooner or later, so don’t give up. It just takes time to change from a lonely caterpillar to a beautiful butterfly.

By: Alayna Adamson

Raymore Team
Fearless Hero

In the early fall, a family of 5 traveled to Japan. The family consisted of a mother, a father, an older daughter, a younger daughter, and a son... who had a little bit of a problem... he was paralyzed. The son's name was Travis, and he became paralyzed at the age of 5. The family had been on the road all day, driving from one state to another (because they were going to Disneyland for Travis' birthday). They lived in Wisconsin, the father had drove all the way from Milwaukee Wisconsin to Lincoln Nebraska. He was getting ready to pull into a rest spot for the night, the rest of the family was sound asleep, as he was getting off the exit to the highway, he fell asleep at the wheel. The next thing he remembered was waking up next to his son in the ICU. He immediately asked what happened. Dr. Hinfosa had replied "you all have been in an accident, and I'm afraid your son Travis, is paralyzed from the waist down." The mother and father looked at each other and started crying, and took each other's hand. As the nurses and doctors left the room... Travis awoke locked at his sister's and his parents with saddened eyes, then once again closed his eyes and fell asleep. The next thing he remembered was the trip to Japan. Travis' best friend was a stuffed purple panda, they were his favorite animal. The family had gone to the panda exhibit, because it was his favorite animal, and there was a baby panda in the corner that no one else had noticed. Travis looked up at his family, all smiling and enjoying the view of the pandas. Travis wheeled over towards the front of the gate, and tried to push himself up by his arms, but failed a couple times, but he didn't stop trying. He kept pushing himself up and finally, he started to feel his backside lift up off the chair, he struggled and struggled, but he finally stood up and started slowly taking baby steps over towards the panda... (the gate was surprisingly open). He heard his family gasp, and start screaming. He ignored them and kept going, he finally got close enough to the panda, he seen his foot was caught in a trap. Travis could tell the trap was set by a person, trying to kill the pandas. Travis leaned over and helped Lila (the panda) get her foot uncought from the trap. Ever since the accident, Travis and his family never thought that he would get up out of his chair, on his own, but he did. He sat back down only to be smothered by hugs and kisses and "I love you" and "I'm so proud of you."

By: Alayna Adamson
Raymore Team