Hello from DMH

As we all start the new year - with resolutions, vows to change and hope for success with our goals - let’s take a moment to focus on hope. Remember how powerful the message of hope can be. We must all be that beacon of hope – that recovery is possible. Hope that things will get better. Hope that we can all live a life worth living. Sometimes a life worth living is filled with helping others and sometimes it is hoping the help we need comes along when we need it. Hope is one of the central pillars supporting a person’s recovery. Whether it is their own hope or the hope held by another for them.

Without hope recovery is just another idea, rather than the powerful unifying, motivating force that it can be. Without hope, recovery is impossible.

Why is hope important to recovery? Because hope is the root of life’s energy. According to Patricia Deegan, “I had to become an active partner in my recovery. I had to learn to work collaboratively with my treatment team and to draw strength from the wisdom of my peers. I had to begin striving for my goals, not when I was “all better”, but from day one. I had to believe that there was a life for me beyond the confines of the mental health system. That is hope. Hope is the tenacious pursuit of pathways to a better life, despite the odds. Without hope, there is no recovery.”

When people are diagnosed, they need hopeful messages and role models. They need to hear that there are pathways into a better future. They need to know others have completed college, gotten jobs, have an apartment and a car. They need to hear that recovery is possible.

I would like to leave you with a music video that is filled with hope. If you have not already listened to this video, I encourage you to take the time, and think about what hope means to you.

Susan Blume

THERE IS HOPE (MUSIC VIDEO)

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!

Places for People Home Team:
Sally Griesedieck — RN

Hopewell Center TAY:
Lindsey White — CSS

Burrell Center TAY/BHDD Columbia Team:
Teresa Kuss — Peer Specialist
Cameron Springer — CSS

Burrell Center TAY Columbia Team:
Amy Osborn — Peer Specialist

Burrell Springfield TAY Team:
Gail Gershbein — Program Assistant

Compass Health Raymore TAY:
Haley Goranson — CSS/HIS

Compass Health Nevada:
Briana Kalleck — RN

Compass Health Crider ACT-TAY:
Jennifer Jackson — Peer Specialist
Lauren Bruce — Team Leader
Lola Gunn — Substance Use Specialist
Geri Epley — Program Assistant

Ozark Center Adult ACT
Justin Bodreaux — Team Therapist

ACT Tips & Tools of the Trade

Rehabilitation Services
The ACT team provides a wide range of rehabilitation services to assist and support clients with severe and persistent mental illnesses to live in normal community housing and participate in typical adult activities in the community (e.g., employment, interpersonal relationships, leisure-time activities) so they do not miss out on important developmental and personal growth experiences.

ACT rehabilitation services are practical and are carried out by all team members. ACT provides whatever has to be done to assist clients to meet basic health and safety needs, to improve role functioning, and to increase quality of life. The ACT team is usually better received by clients than traditional outpatient programs because ACT can tailor rehabilitation services to address individual needs. The team begins by eliciting from the clients and their family information regarding the clients’ understanding of what they need and what problems they have. The team then offers ideas and suggestions on ways to approach these needs and problems. In partnership with each client and his or her family, the team negotiates an initial plan and schedule of what the team will do.

“Starting where the client is” and offering the team’s help and resources to meet immediate needs is the most effective way to engage clients and to begin to establish solid relationships with them.

Methods of rehabilitation include modeling, coaching, giving feedback, teaching, demonstrating, rehearsing skills, and encouraging skill use. Rehabilitation can occur in any area including housing, vocation, education, social, symptom management, physical health and ADLs among others.

**TEAM MEMBER SPOTLIGHT**

**Name:** Melissa Fischer PMHNP-BC

**Team:** St Charles County ACT-TAY

**Located:** Crider/Compass office in St Charles

**Position:** Prescriber/Nurse Practitioner

**Favorite food:** Pickles are my favorite food alone or with other food!

**My Favorite thing about being on the ACT-TAY team:** My favorite thing about being on the ACT-TAY team is the feeling of success when I see such positive changes in clients. Many of these young people are literally locked inside of a body because of schizophrenia and it is such a great feeling to observe them being freed with antipsychotic medications. It is amazing to see these young people after they are receiving adequate medications and to hear parents say “the son/daughter that I used to know, has returned to me”

**Something I would like to share with other teams:** In addition, I would like to say to other teams that our work is hard, because we care, there can be frustration at times in the team, but any client milestones reached, make it all worth it! Being on a team needs to be every single team member’s passion to help others develop a better life!

The DMH fidelity team has faithfully used the TMACT protocol for scoring fidelity for the past several years since the release of TMACT 1.0. The developers of the protocol have recently updated this version. (TMACT 1.0-revised) The review team is currently studying the changes that have been applied to 1.0 and are updating the fidelity review tools and processes to reflect the changes. The fidelity review team will be providing notification about the changes to all the ACT teams in the coming weeks. Many of the changes will apply to the wording in the protocol but there are a few changes in the scoring methodology and process. We always wish to provide teams and supervisory staff with the fidelity scoring protocol used so that the ACT model is most closely followed, leading to the best client outcomes possible. Stay tuned!

The PACTwise blog, written by fellow ACT staff with over 30 years experience in the field at:

https://pactwiseblog.com/

Follow PACTwise for interesting articles written by fellow ACT staff with over 30 years experience in the field at:

https://pactwiseblog.com/

You can receive ACT specific technical assistance from DMH staff. They are happy to assist!

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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
Compass Health Crider TAY
St Patrick Center Adult
Places for People ACT 1
Places for People HT
Places for People FACT
Places for People IMPACT
Ozark Center Adult
Burrell SW TAY
Ozark Center TAY
Burrell BHDD/TAY
Compass Health Adult
Preferred Family Healthcare TAY
Hopeswell TAY
Burrell TAY
Burrell SW Adult
DMH ACT Networking call schedule 2018

Team Leaders—(11-12am): Jan 22 TAY only, Feb 26 adult only, Mar 19 all teams, Apr 16 TAY only, May 21 adult only, Jun 18 all teams, Jul 16 TAY only, Aug 20 adult only, Sept 17 all teams, Oct 15 TAY only, Nov 19 adult only, Dec 17 all teams

Nurses—(2-3pm): Jan 30, Mar 27, May 29, Jul 31, Sept 25, Nov 27

Prescribers—(8:30-9:30am): Jan 24, Apr 25, Jul 25, Oct 24

Co-Occurring Specialists—(2-3pm): Jan 25, Apr 26, Jul 26, Oct 25

Vocational Specialists—(2-3pm): Mar 9, Jun 8, Sept 14, Dec 14


Program Assistants—(10-11am): Feb 16, May 18, Aug 17, Nov 16

Generalists/CSS/HIS—(2-3pm): Mar 2, Jun 1, Sept 7, Dec 7

Therapists—(2-3pm): Jan 8, Apr 9, Jul 9, Oct 1

Reminder emails will be sent a few days prior with agenda and call in line numbers

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 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!
Submit your client art—poetry, photos, testimonials, short stories, photos of paintings, sculpture, etc.—to lori.norval@dmh.mo.gov

“Japanese Art” by Spring

“Bipolar” by Dani