Hello from DMH

This fall we met for our annual ACT Face to Face meeting. Team Leaders and DMH staff shared time together to meet each other, participate in an ice-breaker, special discussion topics, networking time and a review of some of the ACT client outcome aggregate data.

It was very nice to have most all of the team leaders in the same room and share in the fun, fruitful and informative discussions about various topics involving programming, treatment, and supervision on ACT teams.

DMH fidelity staff are always looking for ways to encourage, support and congratulate ACT teams for the great work they do across Missouri. This year, achievement awards were again presented to teams. For the period October 2017—2018, these awards included:

*Most improved score total Core Practices to Burrell Springfield TAY (0.60 improved)*

*Most improved score total Specialist Team to Compass Nevada (1.40 improved)*

*Most improved score total Core Team tie between Burrell Springfield TAY, Places for People ACT 1 and Burrell Columbia TAY (0.40 improved)*

*Most improved score total Operations & Structure tie between Places for People ACT 1 and Places for People FACT team (0.40 improved)*

*Overall most improved total score to Compass Nevada (0.50 improved)*

*Overall high total score to Ozark Center TAY team (4.8)*

Congratulations to these teams and also a note of deep appreciation to all the ACT teams in Missouri. The hard work you do and the care you show does not go unnoticed. See you at the Face to Face in 2019!!
A big THANK YOU to Lauren Bruce, leader of Compass Health Crider ACT-TAY team! It is always noteworthy when one of our ACT team family has the opportunity to share valuable mental health information in the community, especially about ACT services.

She accepted an invitation to speak for Compass Health about treatment options for outpatient services and ACT was a part of her presentation. On December 7th, she spoke at Center Pointe Hospital, presenting information on treatment modalities and treatment considerations for persons with chronic mental illness.

One of our ACT fidelity reviewers was in attendance at the presentation and reported she did a great job!
NEW FACES AND TEAMS!

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

**BJC ACT-TAY Team**
Kendra Hopkins — CSS

**Burrell ACT-TAY BHDD Team:**
Tara Hammers — Program Assistant

**Burrell ACT-TAY Columbia Team:**
Dr. Stephanie Irwin — Psychiatric Care Provider
Amber Phelps — Co-occurring Specialist
Mark Kirchhoff — CSS

**Burrell Adult Team Springfield:**
Brianna Davis — CSS

**Burrell ACT-TAY Team Springfield:**
Megan Bearden — Team Leader

**Burrell ACT-TAY Team Sedalia:**
Tracy Hancock — Co-occurring Specialist

**Compass ACT-TAY Metro Team:**
Kayle Streb — HIS

**Compass ACT-TAY Raymore:**
Sabrina Jones — Peer Specialist

**Family Guidance -Adult Team:**
Natalie Stumpner — RN
Ron Rankin — Co-occurring Specialist

**Hopewell TAY Team:**
Alicia Hall — Therapist
DeAndre Harris-Bey — Co-occurring Specialist

**Places for People — IMPACT Team:**
Jodi Warsing — APN

**Preferred TAY Team:**
Kathy Wisehart — Therapist, CSS

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**ACT Tips & Tools of the Trade**

**CT1 Team Leader on Team**
One of the changes within the new TMACT Protocol involves the role of the team leader. There will be less credit given for no licensure or provisional licensure in their qualifications. Also, if the team leader’s time is split between team leader and another team member’s roles due to staff shortages, an estimation of the FTE time given actual commitments to those other non-team leader roles will be made. The final FTE will be reduced in the team leader role and appropriated to another item if applicable. If the specialty functions are an appropriate use of direct clinical time then those will not be counted against the team leader’s FTE.

Therefore teams with long vacancy periods when the team leader is split between roles may experience a reduction in the team leader FTE. A team leader is expected to do an average of 8 hours per week of direct client service. Some of the additional role may be part of this direct service. However, if this is impacting the leader’s ability to manage the program, provide leadership and supervision to the team, or impacts their ability to recruit, screen and admit new clients, it could reduce the fidelity in active recruitment.

Taken from © TMACT 1.0 (rev3) Protocol part I: Introduction
TEAM MEMBER SPOTLIGHT

Name: Wayne Johnson, although everyone thinks it is Danny because that is what my email says. OK actually it is legally Danny but I go by my middle name.

Team/Location: Compass Raymore ACT -TAY

Position/Role: Team Lead

Favorite thing about working on ACT team: Being part of a team that works together for the betterment of the people we work with. The principles and guidelines of the ACT model are dependent on the functioning of a team that can not only work together but relate together and with the population we work with. Having done this for three years now I have been part of a team that works and part of a team that just works at it. It is best when everyone buys into the process and supports each other.

Favorite Food: I’m from Texas so I am a Tex Mex junkie, like seriously it’s a problem that I may need help for.

Something to share with other ACT teams:
First of all I would like to say a huge thank you to all the teams that let me visit and observe as I transitioned to this new role. The team concept is not just a local thing specific to a particular program or company. It extends to all the ACT teams in the state and that is incredibly helpful when you are starting out or changing positions. All the teams in the state not only want to be successful themselves but help others be successful as well. That is beneficial individually and the populations we work with on a daily basis. This can sometimes be a difficult and stressful job but I would say trust the process and support one another and you will have everything you need to complete the tasks at hand.

TMACT 1.0 Revision 3

Engagement & Psychoeducation with Natural Supports

The team provides education to natural supports about their loved one’s illness. If the team actively seeks out opportunities to educate client’s natural supports they may get full fidelity credit on the scale item EP6 service #1. These encounters can be done both informally (through phone calls, prearranged meetings, chance encounters) and more structured psychoeducation meetings. (individual and/or group). Examples given by the team should suggest this work is occurring across more than a select group of clients. It may seem difficult with some individuals to outreach natural supports in order to provide education, but intentional identification of who those supporters may be at assessment time is a good first step. Then “keeping the subject on the table” during interventions with the client will help them get used to the idea that the team has valuable information and interventions they can offer to supporters in an effort to help the clients in the long run to have dependable supports once they leave the team.

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

Follow PACTwise team solutions’ blog 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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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/

Certified Peer Specialist
https://dmh.mo.gov/mentalillness/PeerSupportServices.htm

SSI/SSDI Outreach, Access and Recovery (SOAR)
http://soarworks.prainc.com/

Missouri Recovery Network
www.morecovery.org
Missouri
Assertive Community Treatment Newsletter
Issue 21
Winter 2018-19

To access the free and downloadable Supported Housing Toolkit on the Substance Abuse and Mental Health Services Administration (SAMHSA) website:
CLICK HERE

WRAP 2019!!

*2 day WRAP (Jefferson City at the Coalition bldg.) - Jan. 10 – 11

*3 day Refresher class (Jefferson City at the Coalition bldg.) – Feb. 6 – 8

*5 day WRAP Facilitator Training (at ReDiscover in Kansas City) – April 1 – 5

Contact Elaina at Elaina.Henry@dmh.mo.gov or call 573-522-0076
More dates may be added later.

Copeland Center
for Wellness and Recovery

https://copelandcenter.com/

TMACT Revision 3

Hard to keep up with exactly what has changed? We understand. We created this Q&A to explain changes made since TMACT 1.0 Revision 1. We also recorded a webinar for you! Part I is nearly 2 hours long and takes you up until about EP6. Part II is about 45 minutes, finishes up with the review AND gives you a sneak peak into eTMACT. PowerPoint Handout here.

Part I (nearly 2 hours):
https://attendee.gotowebinar.com/recording/3949706742188054274

Part II (45 min. long AND includes sneak peak at eTMACT):
https://attendee.gotowebinar.com/recording/6898709078069390338

TMACT Part II: http://www.institutebestpractices.org/tmact-fidelity/more-about-the-tmact/

Take the free SOAR online training course by visiting
http://soarworks.prainc.com/course/ssissdi-outreach-access-and-recovery-soar-online-training

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

By: Jeralyn Meridith
Ozark Center, Joplin