ACT Center of Indiana

Excellence in Training, Research and Techinical Assistance

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Notes from the Directors

As summer is winding down, we are getting geared up with new work at the ACT Center. In addition to continuing our ACT Consultation, we will begin working with mental health centers in Indiana that are participating in the second round of Consumer Service Reviews (CSR). As Dave McClow discusses on page 7, ACT teams did well on the last CSR review. For the upcoming year, we will be working with 5 CMHCs in Indiana to help agencies incorporate recovery principles as outlined in the CSR assessment tool. This work extends beyond ACT programs, and will help with any adult services that those agencies choose. On a similar note, Laura describes the progress on our first pilot study for our NIMH grant to study the recovery orientation of ACT programs. This is an exciting opportunity for us to learn more about how to help programs support and encourage recovery. We have two articles in this newsletter focusing on a growing population on our ACT teams, those consumers with legal involvement. Jennifer Wright provides clinical suggestions for addressing these issues (page 5), and Molly Tschopp reports on recent research in this area, specifically focused on employment (page 6). In addition, Gary Bond reports on a recently completed study of employment outcomes for people with severe mental illness (page 3). We hope you find these articles, and the others in this issue, helpful for thinking about your work!

NIMH IP-RISP Grant - Pilot #1: Measuring the Recovery Orientation of ACT Teams

Laura Stull, BA, ACT Research Assistant

The most recent newsletter outlined and described the exciting award that the ACT Center of Indiana has received, the NIMH funded IP-RISP grant. One component of the grant includes three pilot studies that focus on measuring and improving recovery-oriented partnerships between providers, consumers, and family. I am excited to say that the first pilot study has begun! “Measuring the Recovery Orientation of ACT Teams,” is focusing on using qualitative and quantitative methods to identify ways to measure recovery orientation. The specific purposes of the study are the following:

- To identify the best ways to measure how recovery-oriented services are being provided on ACT teams.
- To understand how consumers and providers are working together in the treatment process and how success in ACT is defined and achieved.
- Ultimately, to apply the findings to help ACT teams in their efforts to provide recovery-oriented services.

A total of four different ACT teams throughout Indiana were asked to participate in the study. We have already started working with two teams, we will begin working with the third team in the end of October, and we hope to start with the fourth team by the middle of November. We are visiting each of the four teams a total of six days. On these visits we are distributing staff and consumer questionnaires, conducting interviews with staff and consum-

“IP-RISP” Continued on Page 2

On the Inside

Information Security	2
IMR Success Story	3
Research Article	3
Up Close and Personal	4
Forensic ACT Works	5
Research Brief	6
ACT and the CSR	7
ACT Rule Changes	8
Supervision Matrix	9

"IP-RISP" from Page 1

ers, and reviewing treatment plans. Quantitative data will come from the various surveys we are giving and qualitative data will come from the interviews. These interviews explore how the team assists consumers in certain domains of treatment intervention (e.g., housing, finances, medication, personal goals), how the team responds when consumers face difficulties in those areas, and how success in ACT is described.

Thus far we have distributed almost all of the surveys to two of the teams and have interviewed 10 staff and 10 consumers. From my perspective, the interviews are particularly enjoyable as it is always interesting to hear people talk about their experiences with ACT! When we are done, we will combine the information from all four sites and examine what the most appropriate level of measurement is for recovery orientation (e.g., individual practitioners, team level, or some combination). It is still early to describe what we have found on our visits, but we do know that we will have a lot of interesting data. It will certainly be a challenge to see how all of the information fits together!

The Importance of Information Security

George Allen, Data Manager

We, as providers of health care, have access to some of the most privileged information about our consumers that exists. Just the mere fact that they are consumers of our work is privileged information and must remain strictly private. Whether we are providing direct care to consumers or doing research on the effectiveness of that care we must be aware of the information we are using, retrieving, collecting or distributing and how those actions are taking place. The following paragraph refers to a research perspective on this issue but more clearly defines the importance of this subject.

A major tenet in the protection of human subjects is that persons can be wronged even if they are not physically harmed. This holds true for all forms of research including behavioral or social science research, physiologic studies, and therapeutic trials. Regardless of the type of research, it is important to remember that privacy is itself a form of personal protection, so a violation of an individual's privacy is harmful because it carries the loss of this protective barrier. The risk of loss of privacy includes public exposure of personal information, perceived loss of control or security, and erosion of trust on all levels. All individuals have a right to expect that privacy actions will remain private and that information that others have about subjects will be kept confidential and only used for their original purpose(s).

When working with consumer information we must be careful to protect it as much as possible. Here are some highlights to remember as you go about your work:

Refrain from using SSNs as identifiers of consumers in your work. DMHA numbers are much less identifiable.

Do not use a full birth date. A birth year is an acceptable form of dating someone and allowing for computing approximate age later on.

Keep the amount of information you are working with to a minimum. If you do not need a specific piece of information on someone, then don't record it. I have seen many cases where a birthdate was being used for a consumer when the age of the person was also there.

Secure your information. If its paper, keep it locked when not directly using it. If it is an electronic file, password protect it and/or lock your computer (CTRL+ALT+DEL) when not actively using the computer.

The most basic thing to remember is what you are working with. Inadvertently losing someone's information can be very harmful to their livelihood, their credit, their finances, their very freedoms. Be careful and be deligent.

IMR Success Story

The ACT Center recently received the following thank-you from Madison State Hospital.

Tim Gearhart
ACT Center of Indiana
IUPUI Department of Psychology
c/o Richard L. Roudebush VA Medical Center
1481 West Tenth Street, 11-H, Room D5011
Indianapolis, Indiana 46202

Re: Thanks! 9/19/07

I wanted to share some "success" we here at Madison State Hospital recently experienced as, I believe, a direct result of some of our collaborative efforts with you and the ACT center.

On Tuesday, 9/11/07, The Joint Commission arrived for our tri-annual unannounced accreditation survey. For the next four days, a RN and Psychiatrist "traced" our patients throughout their daily life, reviewed our records and policies, and interviewed any and all patients and staff who happened through their immediate area.

During the "data tracer" session, the RN surveyor met with various staff (primarily from leadership roles) where she heard about patient outcomes and our efforts to implement/expand IMR services and recovery within the facility. The surveyor then immediately visited a unit and interviewed a 20+ year employee asking, "How has your work with the clients changed in the past few years?" Without hesitation, this employee indicated that patients are "more involved in their treatment…have more choices…hope…we are more patient-centered and focused on what they want in recovery…it makes my job easier".

While many facets of care and services have been enhanced in the past several years, this employee's spontaneous and natural response (along with the many others who responded the same) to an objective question attests to the gains we've accomplished in promoting the spirit of recovery. As with any survey, we have opportunities for improvement but comments such as, "Many facilities "talk" recovery, but it's clear you really walk it here" leave us feeling validated and re-energized. We are grateful to have you and the ACT center as partners in this journey!

A Randomized Controlled Trial Comparing Two Vocational Models for Persons with Severe Mental Illness*

Evidence-based supported employment is defined by 7 principles: (1) A single-minded focus on competitive employment; (2) Eligibility for services based solely on client choice, with no exclusion on the basis of work readiness, substance use problems, lack of motivation, treatment noncompliance, etc.; (3) Rapid job search upon program admission; (4) Attention to client preferences in the job search, rather than dependence on a pool of available jobs; (5) Close integration between the employment services and the mental health treatment team; (6) Ongoing, individualized support after clients obtain employment; and (7) systematic benefits counseling. While there are many studies showing the effectiveness of evidence-based supported employment (SE), surprisingly few studies have compared SE to well-established psychiatric rehabilitation programs. In this study, we randomly assigned 187 consumers with severe mental illness to SE or to a well-known vocational program at Thresholds, a psychiatric rehabilitation center in Chicago with over 30 years experience pro-

"A Randomized Controlled Trial" continued on Page 4

"A Randomized Controlled Trial" from Page 3

viding employment services. The Thresholds "Diversified Placement Approach" (DPA) emphasizes assessment of work readiness and offers consumers a range of employment options, including agency-run businesses and agency-contracted placements with community employers. Our findings were that SE participants had much better competitive employment outcomes over a two-year follow-up period. During follow-up, 75% of the SE group obtained a competitive job, compared to 34% of the DPA group. Similarly, twice as many SE participants as DPA participants held a competitive job working 20 hours or more a week (47% versus 23%). Moreover, SE participants expressed greater job satisfaction with the jobs they obtained than did DPA participants. In addition, SE participants averaged nearly twice as much in earnings from competitive employment than did DPA participants ($5,000 versus $2,600). Another important finding was that the average length of time in longest-held competitive job was 37 weeks for SE participants who worked competitively – quite a bit longer than that reported in the majority of earlier supported employment studies. Finally, when we compared SE to DPA on all types of employment, including agency-run businesses, the employment outcomes were similar. The importance of this study is showing that evidence-based supported employment can be implemented with high fidelity in a relatively short period of time with superior competitive employment outcomes compared to those for a well-established vocational program not using evidence-based principles.

*Bond, G. R., Salyers, M. P., Dincin, J., Drake, R. E., Becker, D. R., Fraser, V. V., & Haines, M. (in press). A randomized controlled trial comparing two vocational models for persons with severe mental illness. *Journal of Consulting and Clinical Psychology*

Up Close and Personal
with Jennifer Lydick

My name is Jennifer Lydick. I am an Administrative Research Assistant for the ACT Center of Indiana.

I was born in Greencastle, Indiana and spent my youth living in the small town of Coatesville. When I was a senior in high school, my parents built a house in Belleville and we moved closer to civilization, just west of Plainfield. I graduated from Cascade High School in 2002. High school is where I developed an interest in Psychology. I knew that I wanted to pursue a degree in Psychology before graduating high school. My high school Psychology teacher had a passion for the subject and illustrated just how interesting the topic of Psychology is.

I attended college at Indiana University–Purdue University Indianapolis (IUPUI). I enjoyed taking the variety of Psychology courses that were available. The most interesting classes were Abnormal Psychology, Behavioral Neuroscience, the Introductory to Laboratory in Psychology, and the Clinical Rehabilitation capstone course. During my senior year in college, I was a peer advisor for the Psychology department. I loved being able to provide resources to other Psychology students. By working in the peer advising office, I had the chance to give back to the Psychology department what had been given to me along the way to my degree. The other peer advisors and I had the opportunity to conduct research with Dr. Drew Appleby. The study that we conducted was a follow-up study of Dr. Appleby's assessment of academic advising. Having the opportunity to conduct research with Dr. Appleby was a highlight of my undergraduate experience! I graduated from IUPUI in May of 2007 with a Bachelor of Science in Psychology and a concentration in Clinical Rehabilitation.

I was offered a temporary position at the ACT Center in March of 2007. As of May of 2007, right before I graduated college, I was offered a full-time position. I am very fortunate for being given the opportunity to work full-time for the ACT Center.

My boyfriend and I recently moved into our first apartment together! Experiencing both the ups and downs of living independently has been exciting so far. We enjoy being with our family and friends, working out together, watching movies, and going to concerts. Some of my near-future plans include studying for and taking the GRE. I also plan on enrolling in two classes next semester at IUPUI to continue my education.

Forensic ACT Works

Jennifer Wright, MSW, LCSW, ACT Consultant/Trainer

Most ACT teams serve consumers that are not only involved in the mental health system; they are also involved in the criminal justice system. The criminal justice system can be confusing and intimidating. To best serve these forensically-involved consumers, an ACT team member will need to have certain knowledge and skill sets. This knowledge and these skill sets can help the team member and team build bridges with the criminal justice system which can result in better outcomes for the consumer. This article is a brief synopsis of those things that can assist a team in improving outcomes for their consumers who are involved in the criminal justice system.

A primary foundation of knowledge to adequately navigate the criminal justice system is to understand the system. Consumers can have a range of forensic involvement. This can be anywhere from less significant misdemeanors to more significant felonies. Any involvement can be significant to the consumer, even if the incident itself does not seem significant to the team. Consumers could come onto teams from jail or prison, on probation or parole, or on other monitoring systems (such as house arrest). It is important to understand how a consumer entered the criminal justice system and also how a consumer could eventually exit the system. Once a team has this understanding, it can concentrate on what needs to happen between those ends.

Secondly, it is important to have the necessary diplomatic communication skills to effectively advocate for consumers with the representatives of the criminal justice system. In an effort to do this, a team member will want to have an understanding of the criminal justice officials that are involved with the consumer's case. There could be officers, judges, lawyers and others with whom a team would need to communicate to assist a consumer navigate this very complicated system. This system is designed to be punitive and even though we often do not believe that our consumers deserve to receive equal directives as other offenders without mental illness, the people involved on the criminal justice side might not agree. Therefore, using diplomatic negotiation skills is critical in an attempt to affect the outcome of the consumer's forensic experience.

A team member who is well-grounded in cognitive behavioral techniques as well as motivational interviewing can assist a consumer in thinking differently about their criminal justice involvement. These skill sets are developed through training in these techniques and can be woven in throughout all interventions with the consumer, from medication management to therapy appointments. A consumer who can think differently about his/her criminal activity and experience could hypothetically reduce recidivism by increasing the pros of not being forensically involved in the future while reducing resistance to treatment, if that exists.

Lastly, a team would need to have resources for those consumers with forensic involvement that could be a barrier to things like housing and other entitlements. Knowing where consumers with forensic involvement (past or present) can live and work, get medications and food and other daily needs can help stabilize their lives and can also potentially reduce recidivism. Remember that jails and prisons offer some of these things too. To ultimately make community life quality for these consumers, an ACT team must work very hard to assist in meeting these daily and ongoing needs.

This article scrapes the surface of working with consumers with forensic involvement. Teams will want to look at their success and failure regarding serving consumers with forensic involvement and make changes where necessary. Tracking outcomes such as number of incarcerations, days of incarcerations and number of violations which resulted in incarceration might be a place to start.

For more information, feel free to contact Jennifer Wright, Consultant and Trainer for the ACT Center of Indiana, at (317) 275-8825.

Research Brief: Employment Issues for Individuals with Psychiatric Disabilities and Criminal Offense History

Dr. Molly Tschopp, Ph.D., C.R.C., Ball State University

Acquiring and maintaining employment is often challenging for individuals with psychiatric disabilities, and for those with a history of criminal offenses additional obstacles exist. In a recent study my colleagues and I explored employment barriers and strategies for individuals with psychiatric disabilities and criminal histories (Tschopp, Perkins, Hart-Katuin, Born, & Holt, 2007). We utilized focus groups to identify ways in which supported employment providers deliver effective services to persons with mental illness and offense histories. Successful providers reported that a sense of hope, a trusting relationship, realistic and sincere expectations about work, and optimism on the part of both the consumer and provider are key ingredients, as are the consumer's remorse for past criminal activity and an action-oriented attitude toward change. Barriers to success with this population include stigma, which varies based on psychiatric symptoms and the nature of the criminal offense, and inadequate support. Successful employment reflects persistence, clinical and law enforcement supports as needed, lifestyle adjustments, face to face meetings with employers, effective disclosure strategies, and documenting work readiness using portfolios. Providers also cited many contributions of employment to recovery, including increased financial resources, pride, social connections to the community, and quality of life. Training of future professionals should promote skills in advocacy, helping consumers develop work portfolios and other assets, and a view of employment support that is holistic and individualized. Please see our article for a full description of the themes, subthemes, and representative quotes. This project was funded by a grant from the Indiana Family and Social Services Administration, Division of Disability, Aging & Rehabilitative Services.

Currently I am working on the next step in this line of inquiry, a project aimed at understanding the first-hand experiences and perceptions of consumers of vocational services themselves. This research project is focused on gaining a better understanding of the experiences of those with both mental illness and criminal history who utilize supported employment services. Supported employment programs provide integrated and competitive work opportunities for individuals with significant disabilities and the success of such programs has profound effects on vocational rehabilitation efforts. The completed study and the project in progress are aimed at investigating fundamental questions around service provision for those individuals with mental illness as well as an offense history. In general, how does this consumer profile impact employment efforts? Specifically, do barriers and strategies differ based on diagnoses, specific offense type, or a combination of these factors? What intrapersonal, interpersonal, or societal based barriers do consumers face when working to acquire and maintain employment and which strategies have been effective in producing successful employment outcomes?

This second study is based on indiviual interviews with participants with both psychiatric disabilities and criminal history asking them about their experiences and the impact of their backgrounds (i.e. mental illness and criminal history) on their vocational efforts and career development. The questions were selected to address the process and procedures of supported employment, research on stigma and discrimination of those with mental illness or criminal history, and recovery. The interview protocols are being analyzed using grounded theory approach, involving data reduction, developing categories, and sorting text into those categories which emerge through similar comments and perspectives (Creswell, 1998).

Due to the limited research in this area, the results of these studies are expected to add to the current database on supported employment research and create a greater understanding of ways programs may be developed to better serve those with this profile. In addition, the study in progress will provide those with psychiatric disabilities and offense histories with an opportunity to express their opinions and experiences. Few studies have relied on the perspectives of the individual with both psychiatric disability and criminal offense history. Actively seeking the voices of these individuals offers an empowering experience, aids in de-stigmatization, and expresses a valuing of their unique stories. This project is aimed at furthering knowledge around existing barriers of prejudice, discrimination, and stigma, and the promotion of social justice through strategies such as advocacy and the enhancement of self-advocacy of oppressed parties. This project is funded by the American Psychological Association Society for the Psychological Study of Social Issues and a Ball State University Internal Faculty Grant.

For additional information or questions contact Molly Tschopp, Ph.D., C.R.C., Assistant Professor, Dept. of Counseling Psychology, Teachers College 616, Ball State University, Muncie, Indiana 47306; mktschopp@bsu.edu

References

Creswell, J. W. (1998). *Qualitative inquiry and research design: Choosing among five traditions.* Thousand Oaks, CA: Sage Publications

Tschopp, M. K., Perkins, D. V., Hart-Katuin, C., Born, D. L., & Holt, S. L. (2007). Employment barriers and strategies for individuals with psychiatric disabilities and criminal histories. *Journal of Vocational Rehabilitation,* 26(3), 175-187.

ACT and the Consumer Services Review (CSR)

David McClow, M.DIV., LCSW, LMFT, ACT Consultant/Trainer

In January 2006, the Division of Mental Health and Addictions (DMHA) began a major Mental Health Transformation Initiative. The Consumer Services Review (CSR) is a primary tool for the measurement of the service level component of the results management efforts specified in the Transformation Initiative. The CSR was used to gather "data and information about the results being achieved by persons served by the mental health and substance abuse services system."

Ratings include a broad range of services and outcomes, safety, daily functioning, and symptom management. They also included questions regarding the support of personal recovery goals, such as work and independent living.

The results concerning ACT were quite favorable. CSR reviewers interviewed 156 adult consumers, 27 (17%) were receiving ACT services and then compared them to 129 adults who were not receiving ACT services. "For the overall performance [practice], 85% of the persons receiving ACT services were rated receiving minimally acceptable services." (See display 13) This is compared to 70% of the non-ACT group. The ACT groups were also rated as making greater overall progress (81% vs. 61% for non-ACT) and better overall status (89% vs. 74%). That's 15% better than those not receiving ACT in the performance and status categories and 20% better in the progress category. Congratulations Indiana ACT Teams! We will keep you posted if we receive any further information regarding ACT.

If you are interested in the 100 page full report, please go to http://www.in.gov/fssa/.

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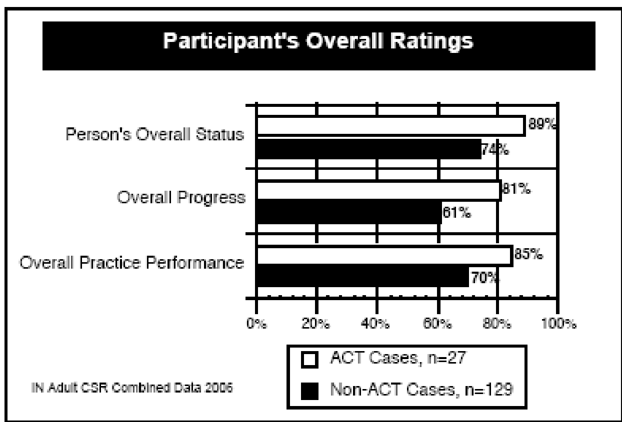

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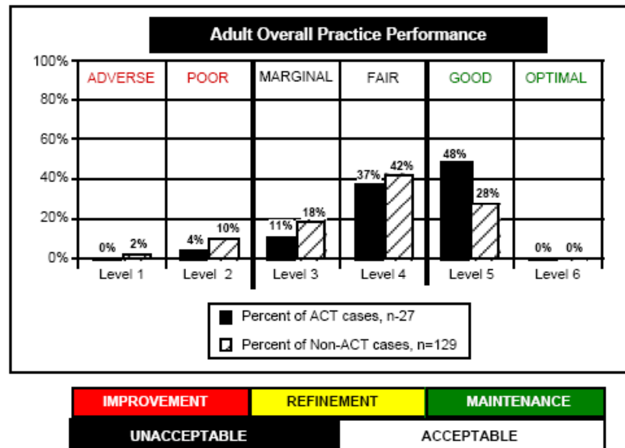

Changes in the ACT Certification Rule are Coming

Charles Boyle and Pam Johnson, DMHA

http://www.in.gov/fssa/mental/

Many of the readers are aware of this but to be sure that the word is out to as many as possible, we want to make the following announcement: the ACT certification rule (440 IAC 5.2) is being revised and will be opened for public comment. The goal is that the ACT rule will be updated to reflect the growth of ACT in Indiana and incorporate many of the changes that have been suggested. This is not the Medicaid rule. We have asked Medicaid to review and participate in the process.

We have included in this article a summary of the process for rule changes. The process is long and time-consuming because once a rule is changed, we are bound by it and it takes the same amount of time to correct an error as it does to write an entirely new rule. In other words, we have to live with the rules we write.

A recent article about a state legislature (not Indiana's) told of a simple error made by a clerk in typing a change in legislation. The error was not noticed and the new law was enacted. The error in the new law made it legal for thirteen year olds to marry. We don't think the ACT rule will affect marriages, but the point is that every sentence and every word in a proposed rule has to be reviewed carefully. We are changing Indiana Administrative Code and that is not taken lightly.

This is the opportunity for you to make sure that DMHA is aware of the problems that exist in the present rule and to suggest language that would correct them. Representatives of DMHA have been meeting with the ACT Center staff to go over some changes based on what we have heard and based on issues raised by the field as represented by questions posed to the ACT Center and to DMHA staff. These meetings will produce the proposed changes that will be presented to the DMHA Policy Development Committee. These are NOT the final changes and there will be several opportunities for you to respond.

To provide you an overview of the process:

Rule Promulgation

- As a result of law changes or comments from stakeholders, DMHA Policy and Development Committee (PDC) decides an administrative rule needs to be amended or created.
- A subcommittee is appointed to draft the administrative rule.
- The PDC subcommittee presents the proposed rule to DMHA PDC for review and approval. Once the rule is approved by PDC, the rule is distributed to stakeholders and written comments are requested. Stakeholders may include advisory groups, other state agencies, advocacy groups, providers and other interested persons.
- The written comments from the stakeholders are reviewed by PDC. Changes are considered and may be made and the proposed rule is approved for publication.
- A Notice of Intent (NOI) is published in the Indiana Register. The Notice of Intent includes a short paragraph describing what document is being amended or created.
- The Indiana Register is published every Wednesday and can be accessed online (http://www.in.gov/legislative/ic_iac/).
- The proposed rule is published in the Indiana Register. Notice of the public hearing is also placed in the Indiana Register.
- FSSA legal and a DMHA Representative presents the proposed rule to FSSA Rules Committee.
- The Public Hearing takes place at least 50 days after the proposed rule is published in the Indiana Register.
- Comments from the Public Hearing are reviewed by PDC and revisions are made as necessary.
- The proposed rule is presented to FSSA Rules Committee.
- The proposed rule is presented to the FSSA Secretary and DMHA Director for approval.
- A notice of adoption is published in the Indiana Register.
- The rule is submitted to the Attorney General's Office for review. This office has up to 45 days to review the rule.
- After approval by the Attorney General's Office, the rule is submitted to the Governor's office for review and approval. Thirty days are allowed.

"Changes in the ACT Certification Rule are Coming" Continued on Page 9

"Changes in the ACT Certification Rule are Coming" from Page 8

- The Final Rule is published in the Indiana Register.

Indiana law is very prescriptive regarding rule promulgation. For additional information see Indiana Code 4-22.

As we said earlier and as you can see, it is a long process. We want as much input from you as possible on what you think needs to be changed. These will be the rules under which you will be operating your ACT teams. We do not want the rules to be a barrier to providing quality services.

After the Policy Development Committee and our attorney have reviewed the suggested changes, we will have an informal release of the draft of the proposed rule. We hope to have that release by January. That will provide the field an opportunity to respond before the formal process is implemented. Note from the procedure that if substantive changes are made as a result of the public hearing the rule goes back to square one. This informal process is done to reduce the likelihood of that happening.

So, brush off your copies of the ACT rule. If you do not have a copy they are available on line at the DMHA website and the ACT Center website. Review them. Ask what is working and what is not working. What needs to be changed?

It is our hope that all have an opportunity to participate in this process. Many of you may have a strong urge to suggest changes right away and we ask that you wait until you see the "informal" release in a few months and respond to that.

Suggested Supervision Matrix for Indiana ACT-Supported Employment

Recently, The ACT Center of Indiana, The Supported Employment Consultation and Training Center (SECT), and the Department of Mental Health and Addiction (DMHA) collaborated to create a supervision matrix to assist Indiana ACT Teams and their "parent" mental-health-center-supported employment programs in eliminating common supervision misunderstandings. The purpose of the matrix is to help clarify 11 different functions, or roles and responsibilities, of the three parties involved: the ACT Team Leader (TL), the agency employment program supervisor, and the ACT Team's employment specialist. This structure has been used successfully at other Indiana CMHCs, including employment programs that have remote sites in outlying counties. We will only offer a brief summary of most of the functions here.

Role definitions are critical to establishing and maintaining good relationships between the three parties. The ACT TL is going to set the tone for Supported Employment activities on the ACT Team. He/She will need to define recovery as employment, distinguish the employment specialist's duties from case management, and engage the rest of the ACT Team in motivating consumers to find jobs. The employment supervisor defines the role of the specialist with the employment services team, employers, and vocational rehabilitation counselors. The employment specialist's task is to balance the roles between teams and report problems to the appropriate supervisor.

The hiring and firing along with the day-to-day and disciplinary supervisory activities fall primarily to the ACT TL with input from the employment supervisor. Training and field mentoring are split according to common sense and areas of expertise to enhance the skills of the employment specialist. Each of the parties has its own responsibilities for compliance with certification: ACT TL—ACT certification; employment supervisor—CARF or JCAHO regarding employment services; and the employment specialist—the number of days worked by each client for outcome data (COMP) for ACT certification. Regular communication is also key to this working well. The employment specialist will need to attend the daily or weekly meetings of each department. The supervisors also need to meet regularly to communicate what is happening on both sides.

We hope this matrix helps to clarify roles and facilitate new opportunities for dialogue within agencies and across systems. Should you have any questions or need further information, please contact the ACT Center of Indiana (317-988-4189) or the SECT Center (765-641-8344). View or download the Supervision Matrix at: http://www.psych.iupui.edu/ACT/RESOURCE PAGE/ACT Resources/SE Supervision Matirx final.pdf.

ACT Center of Indiana

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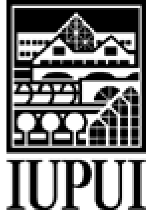

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The ACT Center of Indiana is a collaboration of the IUPUI Department of Psychology and Adult & Child Center of Indianapolis.
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Our mission is to integrate research and practice to promote implementation of and continued commitment to high-quality, recovery-focused, evidence-based practices for adults with severe mental illness.
To change your subscription to the ACT Center of Indiana semi-annual newsletter, contact Nancy Allen at nanallen@iupui.edu or (317) 988-4189. Newsletter created, designed, & edited by N. Allen.