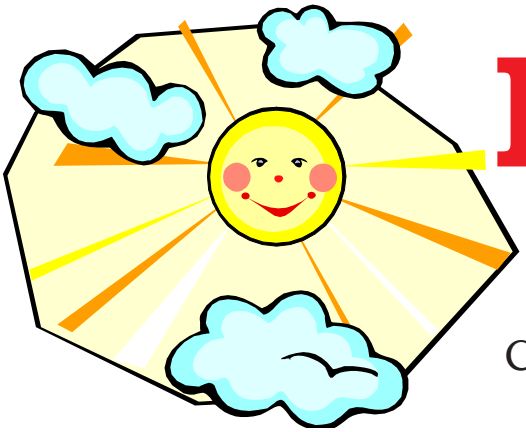
ACT Center of Indiana

Excellence in Training, Research, and Technical Assistance

April 2004

Volume 3 ❖ Issue 2



Notes from the Directors

Co-Directors

Michelle Salyers &

Mike McKasson

Spring is the time to celebrate new growth, and we are eager to report on the growth of evidence-based practices (EBPs) in our state. Our updated map on page 2 outlines the location of 15 assertive community treatment (ACT) programs, 7 integrated dual disorders treatment (IDDT) programs, and 6 illness management and recovery (IMR) programs across the state. We also note 4 additional programs that will be implementing IMR in the near future. This expansion of evidence-based practices is very exciting!

Of course, the key reason to implement evidence-based practices is to help consumers in their recovery. Each of these practices has been shown through strong research to be effective in helping consumers with severe mental illness become more integrated into the communities in which they live. This community integration happens by staying out of the hospital and away from alcohol and drugs, by living in safe, affordable housing, by obtaining competitive employment, and by working towards meaningful personal goals. On page 4, a consumer shares his story of how an ACT program (that also provides IMR services) is helping him reach his recovery goals. We are also focusing on consumer outcomes at the program level and have been making progress in documenting major outcomes by programs across the state (see page 3).

Thanks to the hard work and dedication of stakeholders in these programs, we are thrilled to help make these quality services available to more and more consumers throughout our state!

In this issue...

Article **Page(s)**

Indiana ACT, IDDT, & IMR Sites

(Updated 3/2004)

15 ACT Sites

Approved 7/2001
Adult & Child (Indianapolis)
CMHC (Lawrenceburg)
Four County (Logansport)

Approved 4/2002
Cummins (Danville/Avon)
Hamilton Center (Terre Haute)
Midtown (Indianapolis)
NEC (Kendallville)
Oaklawn (Elkhart)
Park Center (Fort Wayne)
Quinco (Columbus)
Swanson Center (Michigan City)

Approved 3/2003
BehaviorCorp (Carmel)
CMHS (Muncie)
Tri-City (East Chicago)
WVH (West Lafayette)

7 IDDT Sites

Approved 5/2002
CBH (Bloomington)
Cummins (Danville/Avon)
Four County (Peru)
Gallahue (Indianapolis)
Midtown (Indianapolis)

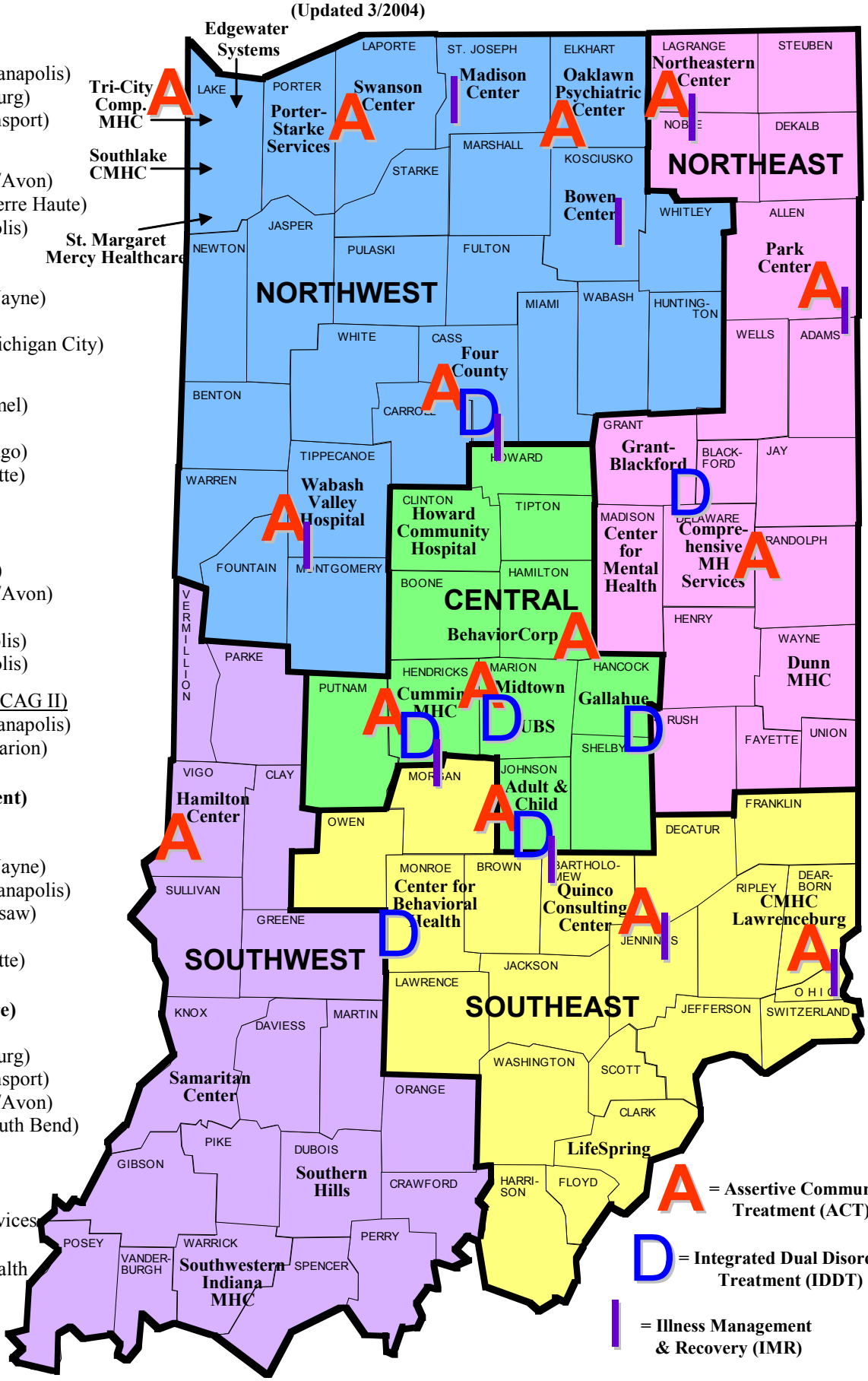
Approved 10/2003 (CAG II)
Adult & Child (Indianapolis)
Grant-Blackford (Marion)

6 IMR Sites (Current)

Approved 10/2003
NEC (Kendallville)
Park Center (Fort Wayne)
Adult & Child (Indianapolis)
Bowen Center (Warsaw)
Quinco (Columbus)
WVH (West Lafayette)

4 IMR Sites (Future)

Approved 10/2003
CMHC (Lawrenceburg)
Four County (Logansport)
Cummins (Danville/Avon)
Madison Center (South Bend)



Family and Social Services Administration
Division of Metal Health and Addiction

NOTE: Site markers only indicate which CMHCs in Indiana are implementing particular evidence-based practices (EBP) as recognized/approved by the state and do not necessarily represent the counties/population served. Sites may be at different stages of EBP implementation.

Update on Outcome Monitoring

Prepared by Jane Williams
Research & Program Evaluation

In the July 2003 volume of this newsletter, Michelle Salyers discussed the importance of monitoring outcome data for the success of our mental health services. Collecting this type of information is important for improving the quality of services, communicating the effectiveness of programs, and providing evidence to funding sources that these mental health services are important and necessary. In July, this was a process that we believed was important for our state and were developing strategies to implement outcome monitoring throughout the state. We are happy to report that we have now been collecting outcome data from the majority of Assertive Community Treatment (ACT) and Integrated Treatment for Dual Disorders (IDDT) sites for eight months.

In September, we requested that all 15 ACT and 7 IDDT sites begin to collect and share outcome data for those clients enrolled in the evidence-based practice (EBP) programs. To aid in this process, we introduced the Consumer Outcomes Monitoring Package (COMP) (Press, Marty, & Rapp, 2003), a computerized data entry program developed by Charlie Rapp, Ph.D. and colleagues. This software package captures data regarding hospitalizations, employment, and housing outcomes as well as information about consumers' substance abuse treatment scale scores (SATS) and other relevant demographic data (e.g., diagnosis, age, education level). For those sites that were not prepared to implement COMP into their center's computer network, we created an excel spreadsheet that would aid in the collection of comparable data. In addition, we employed two COMP trainers, Kikuko Campbell and Kara Williams, to train and communicate with each site regarding the outcome data collection process. They have done a terrific job and have helped the outcomes process greatly.

We are very pleased and appreciative of how hard the sites have worked to provide us with their data. To date, we have received data from 10 ACT sites and 3 IDDT sites. Each quarter we prepare reports to summarize the data for each site and for the state as a whole. These reports are distributed back to the teams and to the Indiana Division of Mental Health and Addiction. We believe this feedback will lead to continued focus on and improvement of consumer outcomes.

The response we have gotten from the Division of Mental Health and Addiction has been very positive. They are very excited about the outcome data and have communicated that they believe this type of data is really important to collect. Several sites have also expressed enthusiasm with documenting consumer outcomes and have received positive feedback from their site administration.

Below are a few tables from the first quarter of data collection from the ACT sites. This data was collected on consumers from July through September 2003. We have organized the data by cohort. The first cohort includes 3 sites that began providing services in 2001, the second cohort includes 8 sites that began providing services in 2002, and the final cohort includes 4 sites that began in summer and fall of 2003. Data from 10 of the 15 sites are included in the tables below.

During this time, we collected data on 511 clients (211 for cohort 1, 264 for cohort 2, and 36 for cohort 3). On average these clients were 41 years old, primarily white (89.5%) and male (80.4%). The most typical primary diagnosis was schizophrenia or schizoaffective disorder (67.2%). Table 1 reports primary outcome variables. Homelessness and incarceration rates are low, but unfortunately, employment rates are also quite low. Thus, employment should be an area that sites will continue to focus on improving. In Table 2, the Substance Abuse Treatment Scale (SATS) scores are provided. The SATS scale assesses the consumer's stage of treatment for a substance abuse problem.

With only a single quarter of data, we cannot determine how client outcomes are changing with the implementation of the ACT. As we gather more data, we will be able to look at site outcomes over time.

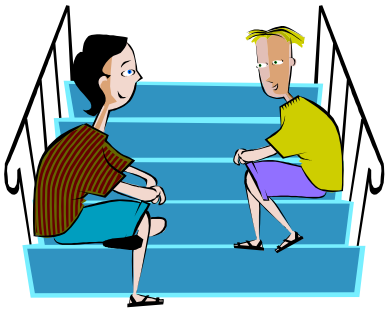
Table 1. Primary Outcome Data for July - September 2003

	Total Sample (n = 511)	Cohort 1 (n = 211)	Cohort 2 (n = 264)	Cohort 3 (n = 36)
Percentage of Clients Homeless	1.8%	0.0%	3.0%	2.8%
Mean Days of those Homeless	46	0	47	38
Percentage of Clients Incarcerated	2.3%	1.9%	2.3%	5.6%
Mean Days of those Incarcerated	17	2	17	47
Percentage of Clients Employed	6.8%	4.4%	7.6%	8.3%
Mean Days of those Employed	56	56	57	52
Percentage of Clients Hospitalized	15.3%	10.4%	17.0%	16.7%
Mean Days of those Hospitalized	25	29	24	11

Table 2. Substance Abuse Treatment Scale (SATS) as of September 2003

	Total Sample	Cohort 1	Cohort 2	Cohort 3
Not Applicable	47.0%	59.7%	38.8%	27.8%
Engagement	16.0%	10.9%	21.9%	2.8%
Persuasion	13.2%	5.2%	16.2%	38.9%
Treatment	10.1%	12.8%	8.1%	8.3%
Maintenance	14.0%	11.4%	15.0%	22.2%

A Consumer's Thoughts



Recently, Lia Hicks, ACT Center Trainer & Consultant, sat down to talk with ACT consumer, Rob Pensec, about his experiences with Team Siear, the ACT Team at Adult & Child Center in Indianapolis.

Rob is 35 years old and grew up in Central Indiana. Rob has dual diagnoses of schizoaffective disorder and drug addiction. He has been out of the state hospital for 18 months, lives in an apartment, and has been free of drug use for 2 1/2 years. Rob is currently looking to find a job that fits more with his long-term career and educational goals. Overall, he was employed for about 8 of the 18 months he has been living in the community. Rob has 2 years of credits towards a bachelor's degree in accounting, and he plans to return to school maybe sometime next year.

LIA: Please describe your experiences with ACT - What services do you/have you received?

ROB: Initially, two staff from the ACT team came to the state hospital to talk with me about ACT. (Prior to the state hospital, Rob had been served by a different mental health center but wanted to move to Indianapolis upon discharge). I got out of the hospital in October 2002. For the first 2 months I lived at the subacute. The ACT team addictions counselor, supported employment counselor, psychiatrist, and team leader/therapist were the main ACT staff I worked with. I moved into my own apartment in December 2002. In the beginning, I would have contact with almost all of the different ACT staff because they would come over twice a day or more to help with meds, appointments, help me find a job, help me stay clean and out of the hospital. Over time I didn't need as much help, so I didn't see as many staff as often. Now I mainly see the doctor, my addiction counselor, my case manager, and the team Peer Recovery specialist.

LIA: How is ACT different than other mental health services you've received?

ROB: At other mental health centers, I never found it as positive as it is with the ACT Team. One example is that at another mental health center I went to get my driver's license renewed, and they wanted me to get an ID instead, just because I was mentally ill. I didn't have other people to talk to at the other programs. I was given just one person, and they didn't have much time to talk with me. There are more services on ACT – drug counselors and job specialists. There was a lot of red tape at other mental health programs in order for me to get into their job programs. I don't feel like people look down at me on ACT or at Adult & Child. I didn't feel like I was listened to or was able to make my own choices about my treatment at other programs.

LIA: How has/is ACT helping you in your recovery from mental illness? What aspects of ACT have you found to be most beneficial in your recovery?

ROB: Helping me get my medicines on time and having a therapist to talk to. Having an addictions counselor helped me get the confidence not to use drugs and get my self-esteem back. IMR (Illness Management and Recovery) and the peer recovery specialist on the ACT team has helped me feel comfortable in returning to church, getting and looking for jobs, and to continue to stay clean from using drugs.

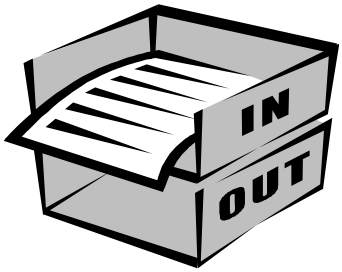
Meet David Bozell from Indiana DMHA

I have been with the Indiana Division of Mental Health and Addiction since April 1998. This past September I moved into the new position of Program Director for Co-Occurring Disorders, Criminal Justice, and TANF Relations. Prior to that time, I assisted with the administration of the "Afternoons R.O.C.K. in Indiana" alcohol, tobacco, and other drug prevention program for youth aged 10 to 14.

I obtained a Master's degree in Public Administration and a Bachelor's degree in Political Science, both from Indiana State University. Prior to joining DMHA, I spent several years working for elected officials. At the Indiana General Assembly, I worked on the House of Representatives staff serving as a Legislative Assistant to then Representative Susan Crosby and Representative Sheila Klinker among others. I had previously worked on the Congressional staff of Congressman Jim Jontz in his Kokomo, Indiana district office and Congressman Bill Patman in his Victoria, Texas district office.

Away from the office, I can frequently be found attending a USAC or IRL race. I am a former President of Hoosier Auto Racing Fans (HARF) and currently serve as the 3rd Vice-President of the National Association of Auto Racing Fan Clubs (NAARFC).

Two Community Mental Health Centers to Implement IDDT Under SAMHSA Community Action Grant Program



By Gary R. Bond & Lorna Moser

For a one-year period beginning in October of 2002, the ACT Center of Indiana planned the expansion of the Integrated Dual Disorders Treatment (IDDT) model statewide through a federal grant from the Substance Abuse Mental Health Services Administration (SAMHSA). The grant program is known as a Community Action Grant (CAG). The CAG has two phases, planning and implementation. During "Phase I" of CAG, we formed a state advisory board and provided a series of training throughout the state led by national experts in IDDT. Last year we competed for and were awarded a "Phase II" CAG. We identified two community mental health centers motivated to adopt IDDT: Adult & Child (Indianapolis, Indiana) and Grant-Blackford (Marion, Indiana).

To assist in the implementation, we invited Pat Boyle from the Ohio SAMI Coordinating Center of Excellence (CCOE) to provide a daylong "kick-off" and consultation at each center. The Grant-Blackford kick-off was held on January 29 and was judged a great success by all parties involved. A total of about 25 practitioners and administrators attended the meeting and stayed the entire day for the consultation. The Adult & Child kick-off and consultation was held on February 23 and was also warmly received.

Following the same training model as used in the national EBP Project, we identified a consultant trainer for each center: Pat Browne, Community Treatment Team Manager from Midtown MHC, who is providing training for Adult & Child, and Deb Meyers, also from Ohio SAMI CCOE and a former IDDT team leader, who is providing training for Grant-Blackford. Ms. Meyers' first daylong training was held in February. The weekly trainings with Pat Browne began in February.

Both centers are seeking to implement IDDT center-wide and have involved a broad spectrum of staff in the training. Prior to the grant award, Grant-Blackford has made enormous efforts at preparation for IDDT, with many of their staff having enrolled in online courses relevant to IDDT topics. Grant-Blackford sponsored a workshop by Ken Minkoff, a national leader in this field, as well as workshop on motivational interviewing led by David Muldrow from Fairbanks Hospital. Another factor that we believe will contribute to Grant-Blackford's success is a strong leadership team including Paul Kuczora (CEO), Diana Carter Branham (CSP Coordinator), Bob Lucas (CSP Supervisor), Rita Scallon (COO), and Michelle Burrows (Supervisor of Addictions Services) committed to this process.

Adult & Child also has a strong commitment from its senior leadership. IDDT is one of several evidence-based practices that Adult & Child is currently implementing. Heading the IDDT effort are Doug Strieter (Associate Director of Adult Services) and Mike McKasson (Director of Adult Services). Their model is to provide training to the substance abuse counselors from each of their treatment teams, along with the team leader (Heather Baumgardner) and three other staff from their accredited ACT team.

Both sites have been assessed for fidelity of implementation on IDDT, and this fidelity assessment will be repeated every six months. In addition, ACT Center staff provided training and technical assistance to both centers on the Consumer Outcome Monitoring Program (COMP), a software package developed by University of Kansas.

There is a modest program evaluation component that is included as part of the CAG, which is being managed by Lorna Moser, a staff member of the ACT center and doctoral student in the clinical psychology program at IUPUI. We have collected baseline data on staff's experience of burnout and knowledge of the IDDT model. This information will be used to help track the impact of IDDT implementation.

Over the summer we will be holding two special trainings. One is a train-the-trainer event, which will assist staff at the two centers in their effort to disseminate the IDDT model more broadly throughout the agency and throughout the state. The second event is a return visit by Robert Drake from Dartmouth College. Drake is internationally known for his work on IDDT.

Also as part of the CAG, we continue to hold bimonthly meetings of a state advisory board, co-chaired by Craig Andler (Program Manager for Choices) and Charles Boyle (DMHA Bureau Chief of Adults with Mental Illness). The purpose of this advisory board is to advise the ACT Center on directions for disseminating IDDT in our state. Our meetings have been lively and include far-ranging discussions. Our next meeting is Tuesday, April 13, 2004, at 5:30 p.m. at the IUPUI Psychology Department. We welcome visitors to this board meeting. Please contact Veronica Pedrick, ACT Center Administrative Coordinator, if you are interested in attending (phone: 317-274-6735 or email: vpedrick@iupui.edu).

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ACT Team Administrative Support Staff: To Have or Not to Have?

Good discussion was sparked over our ACT Center LISTSERV when one of our Indiana ACT team leaders recently raised thought-provoking questions about administrative support staff on ACT teams: Do teams have administrative staff assigned? How many hours per week? Can they bill for services? What activities do they do? Because of the multitude of feedback, we wanted to share our thoughts and posted responses, including those from some of our very own Indiana ACT team leaders.

The ACT Center of Indiana recommends that every ACT team has an administrative support position, ideally someone who has full-time dedication to the ACT team, adding to the breadth of support services available to ACT consumers. In "The PACT Model of Community-based Treatment for Persons with Severe and Persistent Mental Illnesses: A Manual for PACT Start-up," Deborah Allness and William Knoedler (1998) also suggest that a "program assistant" is a good addition to any ACT team's composition. They define this role as a person who ". . . is responsible for organizing, coordinating, and monitoring all nonclinical operations of the [P]ACT team."

Support staff are great assets to ACT teams

Teams who currently include an administrative support position find it helps them work much more efficiently. Midtown's ACT Team in Indianapolis shared with us that they have ". . . a support staff member that is dedicated solely to the team and works 40 hours weekly with us." Although the support person does not perform any billable clinical activities, they view their support staff as ". . . an integral and vital member of the team in helping us be organized and coordinating all of our schedules and maintaining our charts, billing, and general sanity."

Other ACT teams in Indiana agree that this position is important, and several have instituted a full-time support staff (who does not bill for service). Tonya Thurmond, Office Coordinator of Adult & Child's ACT Team Siear in Indianapolis, shared with us her thoughts: "I believe it is important for the team to have someone that is dedicated just to them. This allows the person to be involved in all the meetings and up to date with the team and consumers." Some teams share a more centralized administrative person's time with other agency department and programs. BehaviorCorp's ACT Team in Carmel is an example of a team who uses a shared support person. Because they implemented a fairly complex computerized charting, billing, and scheduling program a year ago, they report little need for many of the traditional secretarial services. All charting, billing, letter writing, and script writing is done directly into the client's electronic chart, with there being very little paperwork left to file to a paper chart. So, as in their case, the team is able to function adequately with a support person who is shared with other agency programs. Others, like the new ACT team at Comprehensive Mental Health Services in Muncie, also acknowledge the worth of support personnel and are working toward better determination of how many hours of this person's time will be dedicated to ACT.

Centers can find creative ways to pay for support staff

Neil Meisler, a leader in the field of ACT, shared that their company, Psychotherapeutic Services, which operates a number of ACT programs, including teams in Florida, North Carolina, and District of Columbia, institutes at least 1 FTE administrative support position per team. He elaborated more into how these positions are funded by stating that "[e]ach state has a different Medicaid reimbursement methodology, but in all cases the cost of administrative support is built into the Medicaid rate for clinical services."

Teams may negotiate with agency administrators to demonstrate the net value of including administrative support staff. For example, support staff can free up clinical staff time by fulfilling a variety of necessary functions. Support staff may also increase the efficiency of the team. These factors can result in greater productivity, offsetting costs of additional personnel.

Support staff fulfill a variety of critical activities

Indiana team leaders mentioned many areas in which ACT administrative support personnel are helping their teams. When we asked an actual support person, Tonya, her perspective on what her job entails, she replied, "I sometimes find it difficult when asked what I do. I give the regular run down which never covers half of what I do." So, here are at least a *few* things support staff team members do from day to day. These activities support the team and free clinicians to spend more time with consumers.

Scheduling

- Putting together the shift manager/on-call schedules.
- Working with the shift supervisor/manager to find coverage for any breaks in the daily team coverage.
- Scheduling the treatment team meetings for consumers on a regular, rotating basis.
- Setting up and managing a computerized schedule of weekly/routine appointments for clients that repeat until prompted otherwise. For example, the ACT Team at Oaklawn in Elkhart has a system where additional appointments are the domain of case managers, and it is their responsibility to let the administrative team member know when they should occur.

Assisting with Meetings

- Scheduling, attending, and taking attendance and, on some teams, creating brief minutes (that are then e-mailed to all team members) at the daily ACT Team meeting. One team noted that because all consumers' status should be briefly reviewed and logged during the meeting, the administrative support person could make these notes in the daily log and staff report.
- Scheduling, attending, etc. weekly staffings. As an ACT support person, Tonya told us that she just recently started

attending weekly staffings on top of already attending the morning meetings. "I have found this very helpful for two reasons. One is that I take minutes in staffing and anyone absent can quickly pull those minutes and read them. Secondly is that it keeps me up-to-date on the consumers, which is great for when they call into the office or stop by, especially if I am the only one in at the time."

Overseeing Office Coordination and Organization

- Providing receptionist activities for the team. For example, triaging calls to the team and helping ACT clients and team members connect.
- Acting as a point person for all clients and team members, assisting with emergencies, etc. This responsibility and the one directly above are particularly important given the community-based nature of ACT services. Clinical staff spend the majority of time in the field, so a home-base person is helpful for maintaining communication and contact.
- Seeing to general office organization.

Managing Client Information and Contacts

- Managing medical records and maintaining treatment record files.
- Coordinating management information system and/or working with agency's information management system technician.
- Maintaining a database of all ACT consumers and contact information.
- Entering client information and data (e.g., ACT admission criteria, consumer outcomes, etc.) into the agency's information system and/or data monitoring software like the Consumer Outcomes Monitoring System (COMP).
- Maintaining logs of all team member contacts with consumers and make sure they are easily accessible to the entire team (part of the Indiana ACT Certification Rule).

Tracking Team Expenditures

- Looking after accounting and budgets for ACT client and team expenditures.

The ACT team leader at Four County in Logansport summed it nicely for their team. "In short, our support person organizes us and, thankfully, has a memory like an elephant...She keeps us on track!"

Of course, as with any new staff, there are costs to having an administrative support person (e.g., recruiting, hiring, and orientation). The costs are greater when considering that this position is not able to bill directly for their time. However, the vast majority of respondents were strongly positive in endorsing the inclusion of an administrative support person as a key ACT team member. In conclusion, ACT Office Coordinator Tonya shares her thoughts on the position and working with the ACT team:

"I have found this to be a very rewarding job. I truly believe that I am part of the team and what I do makes a difference in peoples lives. Whether that be the things I do around the office for the team or helping a consumer; sometimes by nothing more than being a live person on the other end of the phone. In my 5 1/2 years with Team Siear I have watched consumers new to the team and struggling and then seen them as they graduate on to less intensive services and accomplishing their goals. Even though I am not directly involved with their treatment I am just as proud of them and as excited for them as the rest of the team."

She continues with how rewarding it is for a support staff member who works on the team. "I have always worked in some type of Customer Relations position and would not go back to any of them for what I do today. (Personally, I think it would take a lot of money to get me to leave this field of work.)"

(Thanks to all who supplied information for this article! Prepared by Veronica Pedrick, ACT Center Administrative Coordinator.)

Up Close & Personal ...with Natalie DeLuca

Implementation Monitor

I came to IUPUI for graduate school in 2001 and was immediately welcomed into the fold of the then-brand-new ACT Center. I didn't know much about evidence-based practices at the time, but during the course of the last 3 years, my knowledge and commitment to this area has grown tremendously, thanks to colleagues who are friendly, patient, and generous with their time, as well as to the many CMHC staff members who I am glad to have met through my job.

Since May 2002, my role has been primarily that of Implementation Monitor for the National Implementing Evidence-Based Practices Project, which means I track the development of several ACT teams, trying to determine what elements lead to the greatest success of their team and how they manage the barriers to implementation they encounter along the way. In addition to my role with the ACT Center, I am working toward my Ph.D. in the IUPUI Clinical Rehabilitation Psychology program. This spring, I will finish my master's thesis, which investigates staff burnout throughout the transition to the ACT model.

My time spent outside of school and research activities centers on finding fun wherever and as often as I can. Lately has been more hectic than usual, as I am working on plans for my wedding to my charming future husband, to take place in May – it's an exciting time for us. I take joy from simple things – cooking, knocking around outside, reading, lazing about – as long as the company is good, I'm happy.

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The ACT Center of Indiana is a collaboration of the IUPUI Department of Psychology and Adult & Child Center of Indianapolis. Funding for the ACT Center is provided by Indiana Division of Mental Health and Addiction (DMHA).

To change your subscription to the ACT Center of Indiana quarterly newsletter, contact Veronica Pedrick at vpedrick@iupui.edu or (317) 274-6735. Newsletter created, designed, & edited by Veronica Pedrick.

What's on the calendar?

News of Upcoming events

Assertive Community Treatment Association (ACTA)
2004 ACT Conference
Pre-Conference: June 22, 2004
Conference: June 23-25, 2004
Philadelphia Marriott Hotel
Philadelphia, Pennsylvania
www.actassociation.org

Association for Persons in Supported Employment (APSE)
At the Crossroads...Advancing Employment in a Changing Landscape
15th Annual APSE Conference & Training Event
Pre-Conference: July 11, 2004
Conference: July 12-14, 2004
Marriott Downtown
Indianapolis, Indiana
www.apse.org