

National ACT Psychiatric Care Provider Networking Event: Part I

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Northwest (HHS Region 10)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

We will begin soon!





Northwest (HHS Region 10)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Our center provides free training and resources to support and strengthen the mental health workforce in Alaska, Idaho, Oregon, and Washington and beyond.

Two-Part Series: ACT Psychiatric Care Provider Networking Event

***Thursday, September 7 & September 14
12-1:00 PM Pacific / 3-4:00 PM Eastern***

This two-part networking event will bring together Assertive Community Treatment (ACT) psychiatric care providers, including psychiatrists, nurse practitioners, and other prescribers who work within ACT teams across the U.S. Co-facilitated by ACT psychiatrists and ACT experts, each meeting will include mutual sharing of strengths, challenges, resources, and next steps to help to further support ACT psychiatric care providers in the future. Offered in collaboration with the [Institute for Best Practices](#) at the University of North Carolina.



Northwest (HHS Region 10)

MHTTC

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UNC

INSTITUTE FOR
BEST PRACTICES

*part of the UNC Center for
Excellence in Community Mental Health*



UW Medicine

Agenda

- “Sneak peek” on the status of ACT psychiatric care providers across the US
- Biggest challenges & resource sharing
- Biggest successes/innovations & resource sharing
- Identify next steps for next week and beyond
 - Next meeting next Thursday, Sept. 14
12-1 PT/3-4 ET

HOUSEKEEPING



MUTED



VIDEO
OFF

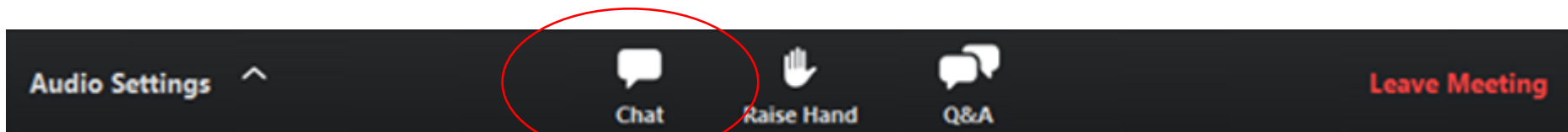


RECORDING



SLIDES

USING CHAT



ASKING QUESTIONS



Q&A BOX

Open Mic!

Audio Settings ^

Chat

Raise Hand

Q&A

Leave Meeting

Introductions



Steve Harker, MD
ACT & FACT Psychiatrist
RADIUS Health
St. Paul, Minnesota



Christopher Gross, MD
ACT Psychiatrist
Downtown Emergency Service
Center (DESC)
Seattle, WA




Lorna Moser, PhD
Director, Institute for Best Practices
Center for Excellence in Community
Mental Health
University of North Carolina



Co-Director, SPIRIT Lab
Director, Washington State Center
of Excellence in Early Psychosis
University of Washington



Purpose of This Series

- Despite being part of a team, psychiatric care providers are often the sole person in that role on the team
 - Aims:
 - To bring together ACT psychiatric care providers who work within ACT teams across the US
 - Share mutual strengths, challenges, and resources
 - Identify next steps to help to further support ACT psychiatric care providers in the future.
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A Sneak Peek of Findings from the National ACT Study

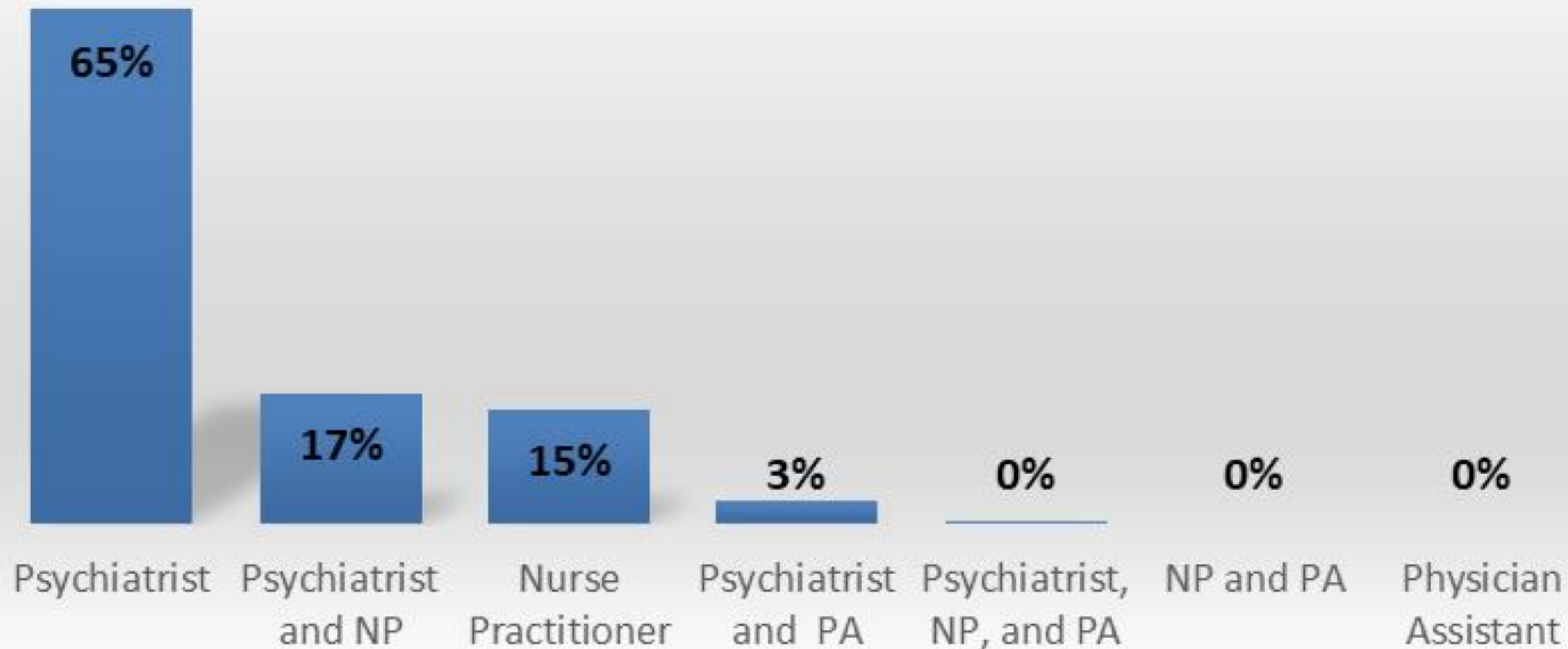
Funded by Arnold Ventures

Moser (PI); Monroe-DeVita, Studer, Cuddeback (Co-PIs)

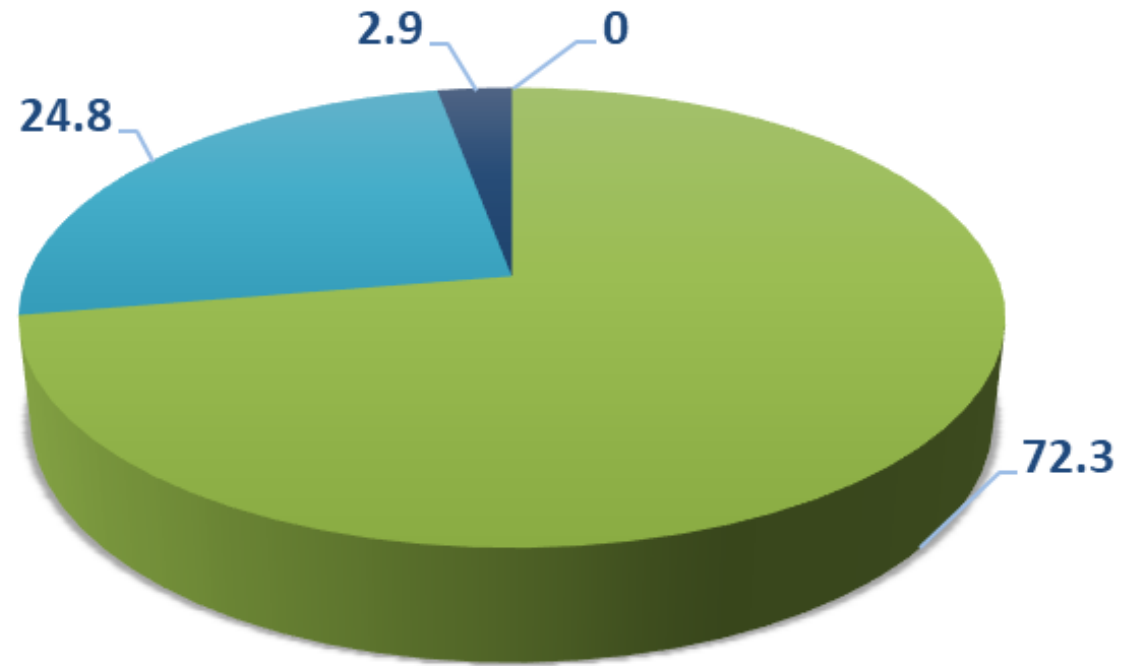
Broader Study Overview

- **Project 1:** Surveying of ACT 50 US State, District of Columbia, and Puerto Rico on Status of ACT Implementation
 - Number of teams and team sizes; funding and reimbursement; contextual factors influencing access; policy and fidelity; outcome monitoring; workforce development
- **Project 2:** Compiling ACT Fidelity Data Across TMACT Users
 - Describe range of fidelity and establish benchmarks
 - Total ratings, item level ratings, sub-ratings
 - Describe specific data as it pertains to ACT (e.g., staffing retention; use of psychiatric extenders; intensity and frequency of services; assignment of representative payeeships; use of IM injections; competitive employment)
 - Examine relationships between fidelity and proxy outcomes (employment, hospitalization)
 - Examine relationships between state-level fidelity and broader ACT support

Who is in the Psychiatric Care Provider position(s) on the ACT team (n = 205 teams)?



Percent of ACT Teams with One, Two, or Three Psychiatric Care Providers on the ACT Team (n = 206 teams)



■ None ■ One ■ Two ■ Three



ACT Psychiatric Care Provider

- 3 items
 - 1 item: FTE & qualifications
 - 2 items:
 - Role in treatment
 - Role within the team

ACT Psychiatric Care Provider on Team

- At least 0.80 FTE per 100-client team
- Psychiatrists, Nurse Practitioners, or Physician Assistants
 - ARNPs & PAs: 20% of FTE can be focused on traditional nursing
- Does not include psychiatric residents, however they can still be counted as part of the team in other items if at least 8 hrs/wk
- Communication and collaboration standard if multiple providers

<p>CT3</p> <p>PSYCHIATRIC CARE PROVIDER ON TEAM: The team has at least 0.80 FTE psychiatric care provider time to directly work with a 100-client team. Minimal qualifications include the following: (1) Licensed by state law to prescribe medications; and (2) Board certified or eligible (i.e., completed psychiatric residency) in psychiatry/mental health by a national certifying body recognized and approved by the state licensing entity. For physician extenders, must have received at least one year of supervised training (pre- or post-degree) in working with people with serious mental illness.</p>	<p>Less than 0.20 FTE psychiatric care provider(s) per 100 clients.</p>	<p>0.20- 0.39 FTE psychiatric care provider meeting at least minimal qualifications per 100 clients OR criteria for a "3" rating met, except communication standard if two or more providers, OR at least 0.20 FTE with inadequate qualifications cited.</p>	<p>0.40- 0.59 FTE psychiatric care provider meeting at least minimal qualifications per 100 clients with demonstrated communication and collaboration if two providers. OR criteria for a "4" rating met, except communication standard if two or more providers.</p>	<p>0.60- 0.79 FTE psychiatric care provider meeting at least minimal qualifications per 100 clients with demonstrated communication and collaboration if multiple providers. OR criteria for a "5" rating met, except communication standard if two or more providers.</p>	<p>At least 0.80 FTE psychiatric care provider meeting at least minimal qualifications per 100 clients. Two or more providers must demonstrate a mechanism for adequate communication & collaboration between/among providers.</p>
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Role in Treatment

1. Provides medication eval/treatment to most clients every 4-6 weeks
2. Brief therapy
3. Client education using shared decision-making paradigm
4. Monitoring non-psychiatric medical conditions and medications
5. Communication with inpatient providers
6. Home and community visits

ITEM		RATINGS / ANCHORS				
		(1)	(2)	(3)	(4)	(5)
Core Team (CT) Subscale (cont.)						
CT4	<p>ROLE OF PSYCHIATRIC CARE PROVIDER IN TREATMENT: In addition to providing psychopharmacologic treatment, the psychiatric care provider performs the following functions in treatment: (1) Typically provides at least monthly assessment and treatment of clients' symptoms and response to the medications, including side effects; (2) Provides brief therapy; (3) Provides diagnostic and medication education to clients, with medication decisions based in a shared decision- making paradigm; (4) Monitors clients' non-psychiatric medical conditions and non-psychiatric medications; (5) If clients are hospitalized, communicates directly with clients' inpatient psychiatric care provider to ensure continuity of care; and (6) Conducts home and community visits.</p>	The psychiatric care provider performs 2 or fewer functions total.	4 functions PARTIALLY performed (2 are absent) OR 3 functions are performed (3 are absent).	4 functions are performed (2 are absent), but up to 3 are only PARTIALLY performed OR 5 functions are performed (1 is absent) OR ALL 6 functions are performed, but more than 2 are PARTIALLY performed.	ALL 6 functions are performed, but up to 2 functions are only PARTIALLY performed.	ALL 6 treatment functions FULLY performed.

Role within Team

1. Collaborates with/shares clinical leadership with TL
2. Cross-trains/educates the team
3. Attends treatment planning meetings
4. Attends daily team meeting
5. Collaborates with nurses
6. Provides psychiatric back-up after-hours & weekends

Core Team (CT) Subscale (cont.)

ROLE OF PSYCHIATRIC CARE PROVIDER WITHIN TEAM: The psychiatric care provider performs the following functions within the team: (1) Collaborates with the team leader in sharing overall clinical responsibility for monitoring client treatment and team member service delivery; (2) Educates non-medical staff on psychiatric and non-psychiatric medications, their side effects, and health-related conditions; (3) Attends the majority of treatment planning meetings; (4) Attends daily team meetings in proportion to the minimum time expected for caseload size; (5) Actively collaborates with nurses; and (6) Provides psychiatric back-up to the program after-hours and weekends (Note: may be on a rotating basis as long as other psychiatric care providers who share on-call have access to clients' current status and medical records/current medications).

<p>The psychiatric care provider performs no more than 2 team functions total.</p>	<p>3 team functions are performed.</p>	<p>4 team functions are performed.</p>	<p>5 team functions are performed.</p>	<p>ALL 6 team functions are performed.</p>
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National TMACT Fidelity Data: ACT Teams		The prorated psychiatric care provider FTE on this team	Percent of clients who were seen by psych care provider frequently (at least every 6 weeks)	Percent of the clients who are seen by ACT psych care provider infrequently (more often than every 3 months)
	N (teams)	200	175	169
	Mean	0.87	62.81	16.58
	Std. Deviation	0.28	27.27	20.53
	Minimum	0.00	0.00	0.00
	Maximum	2.19	100.00	100.00
Percentiles	25	0.74	45.00	0.00
	50	0.87	67.00	10.00
	75	1.00	85.00	25.50

Open Mic

What are some of the biggest challenges you are experiencing in your role as an ACT psychiatric care provider?

Audio Settings ^



Chat



Raise Hand



Q&A

Leave Meeting

Open Mic

What are some successes, interesting approaches, innovations, etc you or your team are involved in right now?

Audio Settings ^



Chat



Raise Hand



Q&A

Leave Meeting

EVALUATION

