



Transcript:

Keeping our ACT Together: Team Leader Challenges & Strategies in Sustaining ACT

Presenter: Mimi Choy-Brown & Lynette Studer
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KRISTINA SPANNBAUER: Welcome, everyone. Thank you for joining us today. We're going to get started in just a moment. We're going to give folks a minute to get in and get settled.

Welcome again, everyone. Today's webinar is Keeping Our ACT Together, Team Leader Challenges and Strategies in Sustaining Assertive Community Treatment. And it's presented by the Northwest and Great Lakes Mental Health Technology Transfer centers. And our speakers today our Dr. Mimi Choy-Brown and Dr. Lynette Studer.

So as I said, today's webinar is being brought to you by the Great Lakes and Northwest MHTTCs and funded by SAMHSA. We are funded under the following cooperative agreements. The opinions expressed in today's webinar those are the speakers' and do not necessarily reflect the official position of SAMHSA or DHHS. The Great Lakes and Northwest MHTTC believe that words matter and that we use affirming, respectful, and recovery-oriented language in everything you do.

A few housekeeping items. If anyone's having technical issues, please feel free to individually message me, Kristina Spannbaauer or Stephanie Behlman using the chat, which is located at the bottom of your screen. Also, throughout the presentation, if you can please put all the questions that you have for the speakers in the Q&A section, which is also located at the bottom of the screen. That would be great. We will respond to those questions after the presentation.

At the end of the webinar, you will be redirected to a very short survey. We would really appreciate it if everyone could take a couple of minutes to complete this. This is how we report back to SAMHSA on our activities and also find out how you enjoyed the presentation and what kind of content we can provide for you in the future.

So today, we are recording this webinar. And the slides will be available on our website in about 7 to 10 days. And everyone who fully attends today's session will receive a certificate of attendance that will be sent out via email. And that will also take about 7 to 10 days. If you'd like to know more about what we're doing, please follow us on social media. Also, this is the third out of four of these webinars. The last one will take place on July first. So if you



haven't registered for that yet, please do so. And we can provide the links for that in the chat throughout today's presentation.

So as I said today's, presenters are Dr. Lynette Studer and Dr. Mimi Choy-Brown. Mimi Choy-Brown is an assistant professor at the University of Minnesota School of Social Work. Informed by over a decade of practice and leadership and community mental health services, her research focuses on improving access to high quality mental health services for individuals who experience significant psychiatric disabilities and supervision focused strategies to improve the implementation of recovery-oriented evidence-based practices in routine care. She received her PhD from NYU and her MSW from Silberman's School of Social Work at Hunter College.

Lynette Studer is a Clinton clinical assistant professor at the University of Wisconsin Madison, Sandra Rosenbaum's School of Social Work. She teaches MSW students in a mental health field unit as well as classes on mental health policies and services and advanced practice skills and mental health. Prior to joining the UW Madison faculty, she held a position as both an agency policy specialist and state administrator with the state of Minnesota Department of Human Services Chemical and Mental Health Administration, overseeing 32 assertive community treatment teams, who serve individuals with serious mental health illnesses. Dr. Studer holds clinical social work licenses in both Wisconsin and Minnesota and has been a practicing clinical social worker for over 20 years.

Welcome to you both. We're really excited. And I will turn it over to you. MIMI CHOY-BROWN: All right, that's our first technical glitch. So hopefully, that's all we'll have. We got it out of the way early. Thank you so much for that introduction, Kristina. As she said, I'm Mimi Choy-Brown. And I'm here to talk with you all about keeping our ACT together and team leader challenges and strategies in sustaining assertive community treatment. And you all will see a poll that went out through Zoom. It just helps us get a sense of who is in the room. So please, please let us know. Looks like we're getting results already. You will leave it open for a little bit longer. So first, I want to acknowledge the Great Lakes and the Northwest MHTTC and colleagues for kind of supporting this effort, this project. And of course, we really want to acknowledge all the participating assertive community treatment team leaders and staff members who have contributed to this project. We're so grateful for all of your input and support and sharing with us, so that we can continue to learn about team leadership.

Is it possible to see the final? There we go. All right, so just to give you a sense of who is in the room here today, can everybody's see it? OK, so we've got a good mix of folks that are of team leaders and a few, maybe 1/2 or so, that aren't. But are familiar with ACT, which is great. Yeah, please feel free to introduce yourself in the chat. Thank you, Vera. And say hello.



This project we're titling of the Atlas Project, the assertive community treatment leadership and supervision project. And the overall goal is to really support team leadership in promoting high quality services for people who are experiencing a significant psychiatric disability. So this project has three primary aims. The first is this webinar series. And so as Kristina mentioned, this is the third of four webinars. The first was the pivotal role of team leaders and really talking about the importance of the team leader in ACT implementation. And these are all available free on the website, the MHTTC websites. So please, feel free to check those out. The recordings are there. And that first one also really talks about my colleague Dr. Lynnette Studer's research project focused on team leadership and high fidelity teams. In addition, the second one was titled, We're Not Going To Fail-- ACT team leaders focus on team well-being. And this was something we heard over and over in the listening sessions, just this shift to kind of team members, while being both before the pandemic and of course, reinforced and really, really critical moved up the priority list during the pandemic.

The other piece. In this, the third, and then the final webinar, as mentioned earlier will be on July 21st, where we're hoping to give a full report on sort of what we've learned this year. Part of the idea of this project is that where is that it is a dialogue with team leaders. So I'm really hoping today that this will be an interactive hour. And I'm going to talk a little bit about listening sessions that we just actually completed across both the Northwest and Great Lakes regions. They were full state. So anyway, so the listening sessions were in each state. And we really got a chance to hear from team leaders about the barriers and strategies and things that they're facing today. And so we're excited to start sharing that information with you to contribute to this dialogue today.

And then the final aspect of this project is a survey that some of you may have the opportunity to participate in. We really hope that you'll share your perspectives through that opportunity, as well.

So the plan for today is dialogue about sustaining ACT. I'm going to talk a little bit about what we've heard in the listening sessions. I'm hoping that we'll get a lot of great input from all of you who are participating today about some of the different questions that I'll pose. And then we'll ask you to put it in the chat, sort of your thoughts and strategies and barriers and that you're experiencing. I'll also present some evidence from the literature and scholarship in this area to give a brief context. And hopefully, all of this together, will help us to achieve these learning objectives for the next 50 or so minutes, to be able to summarize the barriers to sustaining ACT, identify strategies that team leaders use, to sustain high quality ACT, both those of you today and from our listening sessions and what researchers have heard in their research projects. And hopefully, everybody can leave with at least one action step for team leaders to support the sustainability of ACT.



And that's a really important component for Lynette and I, from this project, is that one that we're rapidly sharing you're not giving us information that's kind of going into the void and you don't hear back again. So we're rapidly sharing things. And that the things that come out of the opportunities really provide actionable information for team leaders working today.

So just briefly from that poll, it sounds like everybody here is pretty familiar with assertive community treatment. So I'm not going to linger here long. But it is an essential treatment model and community mental health. It's interdisciplinary community based teams. It's been widely disseminated across the United States and the globe. And there's quite robust supporting evidence for the effectiveness and efficacy of assertive community treatment, particularly in the prevention of hospital use and homelessness.

Today, we're going to mention frequently fidelity to assertive community treatment. And particularly, we're referring to the TMACT, the Tool for Measuring Assertive Community Treatment, authored by Dr. Maria Monroe-DeVita and colleagues. And here are the six kind of primary components of fidelity. And sort of the takeaway points here are really that ACT varies and how close the services that are being delivered actually mirror the developer model over 40 plus years ago, when it was developed. And without kind of consistent review, we've seen in the literature that practices can drift from the model in some fairly significant ways.

And there's some good evidence that this results in an attenuated effect on service outcomes, when fidelity is reduced. And so that means that we're not seeing those outcomes that are promised by delivering the ACT model. So what is sustainability? What do we mean by sustainability? And I'm drawing here from the field of implementation science. And this quote states that sustainability is really the continued use of a program components and activities for the continued achievement of desirable program and population outcomes. And I want to just highlight a few aspects of sustainability.

So today, when we came up with the title, Keeping Our ACT Together, we were thinking about both the sustainability of fidelity to act. And as an important component of that is keeping the team together. So how are folks retaining their team members. So those are both sort of the kind of focus of today. I also want to acknowledge that sustainability can be both a process and an outcome. And the structure of the intervention really matters when you're thinking about sustainability, if you're thinking about it as sort of a policy level or if you're thinking about it. Like ACT is sort of an evidence based practice of evidence based practices. So the kind of structure of it versus something like a cognitive behavioral therapy, where it's an individually delivered intervention. So that's another important consideration when you're starting to think about sustainability.

The other aspect of it is that it's dynamic systems are changing. And we're talking about time and time changing, things change over time. The system



changes over time. The agencies change over time. The people change, who are delivering it. And so that's a really another important component when we're starting to think about sustainability, that it's dynamic, and that it's multilevel. And the citations on the slide here are really some of the formative contributions in the literature in this area and implementation science.

And this is a model called the dynamic sustainability framework. And the big sort of take away from this is that you're sustaining ACT within these dynamic contexts. Over the last 40 plus years, the world has changed. The contexts have changed. The population needs have changed. All of the state mental health authorities have changed. And the state contexts. And so when we're thinking about a sort of community treatment here as the intervention in red and it's in a practice setting that context the different ways in which agencies are delivering it and then that broader ecological system, it's just another sort of picture of what I was just mentioning about thinking about the fit of the intervention to that practice context, as a way of sustaining it.

So this is our first question for you all. So in your experience, as you think about ACT and ACT fidelity and sustaining acts over time and your experience, what's getting in the way of sustaining fidelity to ACT? And you can share your experiences or what you might imagine might get in the way in the chat. And we'd love to hear your thoughts. So I'm just going to give you a few minutes, minute or so here, to orient yourself to the chat. Staffing, yes. Lack of leadership, personnel, funding, time, budget, funding, or the lack of budget funding. Too many cooks in the kitchen for the multiagency collaborative. Unrealistic expectations and productivity. That's a really good one. Lower reimbursement rates, limiting resources and budget resources is huge. General sustainability, in general, needs top down support. Staffing shortages, staffing turnaround, staffing budget time.

The dual role with managing both the commitment, managing commitment affecting relationships, training. Training and guidance at the state. These are really helpful. Pressure of productivity and increased documentation with technology that's not compatible with outreach based services. Rural area to get visit fidelity. Excellent. So as these continue to roll into the chat, thank you so much for sharing. Transportation, mileage, transportation funding. I think probably this is particularly, this came up in our listening session, too, sort of the average drive time that people are facing. Language with value-based funding, reimbursement. So kind of the financing structure is really critical.

So as I mentioned, and many of you are going to be hitting on what we heard in our listening sessions, as well. So hopefully, at least makes you feel like you're not alone, that we're hearing this across six different states, really similar things. So here, this image is depicting sort of the ecological systems. You've got these individual, whether it's staff or people seeking services embedded within ACT service, ACT teams, which are embedded in agencies and embedded in sort of the larger system and population. And in our



listening sessions, we heard, at the system level, we heard some of the things that you all are talking about here and that you've mentioned.

One is shifting population needs. So we're seeing increased substance use. That was a kind of a barrier. And also, just a lack of affordable housing was a really pernicious barrier to being able to deliver services. And also, just a kind of available workforce, which many of you mentioned, as well, varying support and resources. So that is, I think, several of you mentioned that today. And then we heard that in the listening sessions both at the state level and also at the agency level. So over time, they saw different, depending on how long folks had been in the role, they saw really changes in support and resources within teams.

Some of the things that really got in the way of fidelity was conflict amongst the team members and just a general morale coming up as a primary barrier and on the individual level. And this kind of falls into some of what maybe, would fall under the idea of staffing, is just the commitment and interest to ACT. So once folks came in to the ACT team, really keeping people committed and interested. And that delivering person-centered care, which is one of the six components of fidelity was one of the primary challenges in people sustaining ACT fidelity.

So I just wanted to mention a couple of additional challenges that came up/ just in the context of the pandemic, we can't ignore the fact that this project this one year project was happening during a global pandemic. And so a lot of the discussion did really talk about challenges during the pandemic. Again, for those of you who are working this, none of this, I'm sure, is going to be surprising. But I just wanted to make sure that we noted these additional challenges that were coming up. Access to technology, both technological literacy, helping people to build their literacy, in order to connect to providers. But also, just literally having the band access to the internet and devices.

And folks really talked about missing that in the room time before, during, and after team meetings and just a general exhaustion of team members and the team leaders themselves, trying to working really hard just to keep it together for everybody in the face of kind of relentless new scenarios and new crises. And just really facing this tension of this staff feeling about whether or not they were essential workers or they were expendable workers. I think for many teams working in bigger agencies, they were sometimes the only ones who were coming into the office. And so team leaders were really facing this tension as a primary barrier.

So in addition to these, barriers that we heard in the listening sessions and what you all have raised in the chat here today, one thing I wanted to add to the dialogue was what we see in the literature. Oops, what we see in the literature. And this citation is down here. There are several studies that are out. So this is just one that I thought encapsulated some of what might be useful and things that you're bringing up here. The licensing and financing of



ACT teams or the financial structures within the state mental health authorities really does make a difference, in terms of facilitating or being a barrier to ACT fidelity. And the availability of training and technical assistance, which also came up in the chat, and whether states are providing resources for that training and technical assistance and sort of the accessibility of it.

And, this in some ways, is similar to the varying support and resources, but specifically naming leadership, both the executive and middle managers, the kind of clinical director role and the kind of executive level leadership and their support and understanding of assertive community treatment and what goes into doing it well is a critical factor. And team leadership, which we, Lynette and I, certainly are advocating for this project and really try to shine a spotlight on what we think is an incredibly important role that team leaders play in delivering ACT services. Staffing, what you as all already said. And kind of developing this culture around implementing interventions or sustaining in this case.

So when I sort of read the literature and think about some of these tensions that are coming up in sustainability and an implementing ACT to fidelity, I think we think about fidelity, which is just this kind of strict adherence to the way in which intervention was planned and tested. So that's what we know is going to-- hopefully, we have evidence, at least, that it's going to result in the things we want it to result in. But this is really in tension with adaptations over time. So as the population changes, as the context changes, and population needs change, there is this real tension in what parts should we be thinking about adapting about the original ACT model. And what makes it ACT and what makes and what parts of it are sort of peripheral to the true ACT that we can adapt to accommodate a new context or a new population.

And whenever we're implementing or sustaining an evidence informed intervention, there's an aspect of new learning. So if you notice, you get your fidelity score back, you need person centered care planning score is something that your team decides to really focus on. You send out your new staff or other folks to a person centered care planning, training. And so then they have this new learning. They're excited and can't wait to implement it in their treatment planning process. And that's really in tension with these old habits of how we've always done things or how we did things before. And that tension I think in reality really challenges sustaining fidelity.

Also, our expectations about how things are going to go, whether it's the state expectations or just the expectations of the agency or staff members or people seeking services. And those are really in tension with the realities of what can be done in the context. And so that kind of is another important tension, I think, as we're thinking about sustainability. And then also we know that intentions are one of the strongest predictors for our behavior. And so it's really important when we plan and are motivated and intend to do something, that's a really important driver of our behavior. But that's also in tension with the competing demands that end up coming up that interrupt all of us, our



best laid plans. And I think this is also true when you're implementing a sort of community treatment, when different things are coming up on a day to day basis.

So where is the team leader in all of this? And we really see the team leader's position is really technically supposed to be between within the agency and the team itself. Perhaps team leaders also do kind of bounce around. So some of them are going to be providing direct services on the team. They're going to step in to do bed management. They're going to be stepping in all over the place and maybe also advocating at a system level or a state level or perhaps being involved in the kind of fidelity review of other teams, as well.

But I think, as we think through the official team leader role, we're really thinking about a middle manager in a health care setting, leading an interdisciplinary team. And that these team leaders and our operationalizing the fidelity in the day to day operations of the team. And perhaps mediating that larger context, that system context, the kind of external within your county or context, kind of collaborating with all the other services in the system. And so you're mediating that, to some degree, for your team.

Also, selling the intervention selling the intervention to the team, selling the intervention to the agency, and others. Diffusing and synthesizing information about kind of what's coming in and out of the team setting. And so and some of this comes from A Theory Of Middle Management, authored by Dr. Sarah Birken, in health care settings. And I think we see that and hear it and this team leader role within ACT teams.

So what remains really limited is our understanding of sort of how team leadership strategies can optimize these services within the team and within the broader mental health system to help navigate these tensions between fidelity and adaptation. New knowledge and old habits, expectations and realities, and intentions in the face of competing demands. So this project, the kind of goal is to ask the experts, how should we be thinking about this. And so this is another point for all of you. I'm really curious, what do you do in your teams now? Or what would you recommend, if you used to do it and aren't doing it anymore, to sustain fidelity to the ACT model within your team and perhaps outside of your team? And again, you can add your answer in the chat.

Scheduling visits, I'm seeing. Meeting monthly as a team to study the team ACT. That's excellent. Training the team leader and the team in sort of fidelity components. Monthly team meetings to review medication compliance. Vocational educational efforts for each client. Ongoing training on the theoretical model, so kind of the why and how to apply it in a real world setting. Putting together an implementation team. That's great. These are fantastic strategies. Just kind of going over the fidelity and statutes in your meetings. Really making sure that all the team members are aware, reviewing these aspects regularly, discussing them.



Big question, one person says. Speaking about it every day. As it relates to all the different things that are happening during the day. Moving forward with decision making. Advocating for training. It looks like at the agency level, as well. Ooh, somebody's got their first ACT coming up and kind of going through evidence based training here at the University of Minnesota. Congratulations. That's fantastic to hear. So setting clear expectations of what is expected, fostering a culture of collaboration, shared accountability. Fantastic. At the administrative level, explaining the fidelity requirements. Parallel clinical outcome benefits. Fantastic. Thank you. Kind of making sure that people who are eligible and appropriate for ACT are the ones who are being served by the model and advocating for that in the face of organizational pressure.

So again, sort of buffering the model there. Awesome. Thank you all for these fantastic strategies. For the last webinar, what we did was we provided a list of strategies that came up during that webinar. So for those who watch it later, would have a sense to look at what came up during that dialogue. And so that might be another option that we'll think about today to capture some of this. Your name would obviously be removed there, de-identified, just a list of strategies. So that's one other option.

Great. So I'm going to jump into-- a lot of you are hitting on, also, what we heard and the listening sessions, particularly at the beginning. So we're all kind of-- sort of nice when things are really consistent across the dialogue of the participants and in the listening sessions. So here you see strengthening the foundation and depicted here is sort of a house. You can tell it's a house. But it's a little off. And so really getting back to the fidelity basics. So just as folks here shared at the beginning, really making sure that, especially coming out of the pandemic, folks talked about really refocusing on what is fidelity, what are our common goals here as an ACT team. Why are we doing what we're doing?

And then the other. So that's like one really foundational aspect to it, kind of engaging folks in that collaborative work. And then also team communication as another really important pillar of the foundation of an active team. And doing a team members talk. Or team leaders talked a lot about different strategies to kind of facilitate communication and really felt that, I think, on multiple occasions, team leaders talked about strategies, where they either moments when they thought that they could get away or where they didn't address the elephant in the room. And how that sort of came. That was a challenge that they could not avoid. That really, making sure that you're thinking about how your team is communicating, intervening early, and sort of on the erring on the side of overcommunication.

Also, the other strategy that we heard in the listening sessions was that team leaders coming together in states for a variety of different reasons. One is it could have been like they were doing some regular like Zoom meetings now. So the kind of geographic challenge was eliminated in some ways during the



pandemic. But getting together to focus on strategies, they talked about how it can be very isolating to be a team leader and to be in a space with other team leaders to kind of really just troubleshoot amongst you. You all are a very elite group. We estimate that there's probably only about 17,000 in the country. And so really, the best people to know what you're going through our other team leaders to help you kind of strategize.

In addition, one of the other strategies that came out of team leaders coming together was their ability to advocate up. So by that, I mean that they kind of were organizing each other and doing collective action to really promote at the state level what they need. So whether it was additional resources for the teams, different financing structures, guidance or support, whether they need it. All of these teams need X and asking the state to fund the availability of that training, for example, was a really important way to sustain ACT, in terms of influencing the broader system outside the team.

And then just as I mentioned, just providing support to each other, just emotional support, as well. So there are a couple of different ways that this happened, as I mentioned, those kind of Zoom calls. Also, just forums. And I know that there's national-- the lists of national calls that are also happening, that people took advantage of, and really found those to be incredibly useful strategies to sustaining ACT, especially if something came up that they weren't quite sure how to handle, in terms of fidelity, having those resources was another great strategy.

And similar to those of you that put this in the chat, engaging the team in fidelity review was really considered incredibly important. It was highlighted consistently, the role of program coordinators and sometimes, assistant team leaders, really particularly in helping to monitor and facilitate some of the indicators of how things are going in terms of fidelity. Doing internal reviews of fidelity, quarterly or so. It sounds like some folks in the chat maybe do it more frequently. And in some ways, this was really helpful to kind of help staff who are specialized in their roles to kind of pull out of the weeds of their specialty and really get that big picture of team fidelity. This also developed staff's ability to, staff member's ability to, take on leadership on the team and to really help others to kind of meet those requirements.

And finally, just using data to drive quality improvement and the other. So the important part here is the data. So having information that they kind of looked at. And also, that it was collaborative. So they would look at the data together, as a team, and really identify, given the context, given what they're facing, given what's going on with the staffing, kind of figuring out what might be a goal that they can focus on for the next quarter. And that was another major strategy for engaging the team in itself in the fidelity review. And team leaders really not wanting to be the only one. And that not actually working, if they were the only one who was thinking about fidelity.



So this is sort of the other component that came up of sustaining ACT or keeping our ACT together is really thinking about how are we or how our team leaders selecting developing or retaining staff. And so we'd love to hear from you, strategies in the chat about what you're doing right now to select, develop, and retain staff and kind of keep your ACT team together. We know this is a primary function of team leadership is really working with the staff. Acknowledging and celebrating efforts and work. Awesome. That's a great-- I know that encouraging use of personal time off for health care, not just sick days or travel. Make sure to hire the right person for a position, rather than just trying to fill the void with somebody. Getting a kind of person in the chair, doesn't work. One person can wreck the whole team dynamic.

Training is huge. Designated senior case manager to coordinate training for all case managers, but especially the new staff. Using long monthly meetings to do empathy rebuilding and team building. Fantastic. So you kind of have a placeholder for making sure that you're doing it. Finding the right personality. Establishing independent relationships with each team member. Offering to complete tasks or provide services together, if there's a skill or learning gap to role model. These are awesome. This is a great resource.

Yeah, selection. Individual interviews. Team interviews. 30-day orientation, onboarding. Developing, using the module as part of the orientation, cross training, staff shadowing, setting clear expectations. That came up in the learning or the listening sessions, as well, having opportunities for one whole team to go visit another team, sort of that cross training that you mentioned here. Clear expectation that there are a lot of moving parts. Retaining staff individual to set. Professional development goals. And then utilizing available resources to help achieve support. Promoting self care. Kind of telling them that they have to take time off, that they need to take care of themselves and modeling it. I feel like that's such an important point, Amy. Thank you. It's also about modeling.

Team building, activities, time together, not just for work. Selection criteria, a minimum of one year of service to adults with serious mental illness. And I think you'll see some. You'll see some of these and what we heard in the listening sessions. And I was trying to remember if we talked about. But I think that time together, not just for work, did come up in the listening sessions, too, as part of that in the room time, where you're just allowing folks just to be human beings together. And making that space was really critical. Hire on bonus.

So some of the things that we heard is absolutely this cultivating staff and team leaders. So team leaders finding mentors or having opportunities or developing opportunities to mentor their staff, to kind of training their next team leader. A lot of team leaders talked about how they became a team leader was through being mentored by a former team leader. And so that's kind of how they built this pipeline of staff. Another team leader really talked about being present and available for staff, that actually just physically being



available. Partially some of what Catherine was saying here that time together, not just for work, but just literally just having open space and availability really made a difference. And she saw that really changing the retention of staff when she started doing that.

Another talked about really bringing the calm. And there's this quote from a listening session participant, calmness, even inside when we're screaming, we have to bring that calmness to her team. And that was really a critical part for her is just creating that holding environment for staff. Slowing down the decision. So in when you have a lot of different crises that are coming up throughout the day or unexpected events, really making sure that you make space. And it sounds like some folks here are already doing these things, where you're creating space in your regular schedule to really think about attending to each other and slowing down the decisions that you're making about the day to day work.

And finally, they talked a lot about progress, not perfection. And really kind of pulling back and thinking about the context of the work that staff can sometimes really want and hope and have so much hope for people to change. And then when things don't happen in sort of the way that they imagined or when there are setbacks for the team or for individuals, they're really contextualizing that work in sort of a longer view, was really important. And that keeping at the progress part was the important part. So contextualizing the work.

So this is a theory of implementation that I thought-- I'm not going to go into too much depth about the theory. But I thought it was a good summary of some of what we've heard in the listening sessions. And kind of gets at some of what we're hearing from team leaders about kind of the important pieces of the work that goes into sustaining fidelity. But I would be curious to continue to have this dialogue with team leaders to see how much this resonates. And the full citation is on the slide. And they actually have a website, where you can access this theory, if you're very interested. But one of the things is this coherence part, the what, like what are we supposed to be doing, the meaning of it. And I think many of you talked about this, like really going over what ACT fidelity is, so that everybody understands both their individual role, but then also the broader sort of why we're doing this. So that coherence of what you're doing is really a critical aspect of it.

The cognitive participation, the who. So engaging your whole team in this process and engaging them really in the work. So both their individual pieces of the puzzle. And then, also, the broader piece. But really keeping them engaged, in that they don't just check out into that process. And I'm hearing, even in the dialogue in the chat, that you're all doing this as a regular part of the kind of work that you're doing in your team meetings and checking in on this. And that's part of that engaging folks in the cognitive participation and fidelity.



Collective action, the how. So really getting the effort, getting people motivated to do it, keeping on them, in terms of reminders or whatever the case may be. And also, engaging, using data or using those program coordinators to really make sure that you're getting those indicators that you're interested in of are we doing? Are we getting where we want to go or not? And then, also, I think a really critical piece of this work is the reflexive monitoring, the why. Why are we doing this again? Like this isn't just for busy work. And that there is really a larger, broader context for why fidelity is important and really helping staff to understand that and operationalizing it into the day to day.

So this is this normalization process. And I haven't even gone into depth. There's much more to the theory. But I thought these main ideas hopefully help contextualize some of the work and summarize what we've heard a little bit today. And I just wanted to end on one of the things, the barriers that came up that we heard in the listening sessions, was promoting person centered care. And this is a little bit of work that I've done in my research and some of the strategies that supervisors were using to promote person centered care within their teams. And this was a qualitative study with interviewing supervisors and supervisees, as well as observing.

And this was in assertive community treatment teams, but it was also across behavioral health settings. So this was not just in teams, in ACT teams. But I thought that there was some good strategies here that I thought I would share with you, as well. And its citation is here. And if you want the full paper, please reach out to me. The first was chipping away. It's this idea. This is an in vivo quote, so somebody shared this. One of the participants shared this, kind of thinking about chipping away at a riverbed to kind of change the course of how your team moves. And some of the ways in which folks did that was infusing reminders, making sense. So that's kind of that coherence piece, like what is it that you have to do. And what does that mean in your day to day work as X role on the team. But also, staying vigilant to opportunities to help folks to continue to kind of push them forward.

Sometimes, there's opportunities where people are open to learning. And you can really have those learning moments. , So that the kind of title of this paper was. "I See Your Punitive Measure, And i Raise You A Person Centered Bar." And that was a quote from one of the supervisors who talked about it when she heard sort of punitive corrective language being used that was sometimes, one way-- one thing that she would say to folks, as she was helping to create and stay vigilant to moments, where they were open to learning.

The second strategy was the practicing together. And I think that this is something that folks are talking about here in the chat. And then, also, we heard in the listening sessions, that really that collaborative engagement, supervisors who were out in the field, not sitting behind a desk, but out working with folks and sometimes, doing ride-alongs with staff. So they can do



sort of in vivo or live supervision, like observing how staff members were handling things. Give them, in real time, feedback, model what to do in a given situation. But then, also, that both helped folks to learn strategies, especially new staff. But also, it provided a shared experience, so the team leaders really understood what the barriers that were coming up for people in the field and could use that knowledge of real experience, that lived experience in order to inform their feedback to folks.

And finally, knowing your audience. So they really talked a lot about this. And I think, in some ways, this goes back to the listening session strategy of just being available to people. But really tuning in to staff and how they're, doing what their needs are. And this, I think, is particularly challenged in the pandemic, when we're not seeing folks in the room and in the hallways and sort of that water cooler time. And we're not getting that like, oh, she's really struggling today. And so I'm going to go a little easy on her or not. Or maybe she's not the best person to send to X visit.

And that really, one quote that I had from a supervisor is knowing your audience because that's how you get the best out of people, is really making sure that you're taking care of them and attending to them as human beings. And so you can calibrate your feedback to what they need, what they need in that moment. And that was another really important strategy, I think, that supervisors were using as folks were learning to integrate person centered care planning into their work. And this was in the context of an implementation effort. So they all got trained in it. And they were starting to practice at it. Particularly when there's new learning, these strategies were really important. So I thought I would share those with you all today.

And so my last question for all of you. We have about 10 minutes left in our time. Is what is one takeaway you'll bring away from our dialogue today. It could be a strategy that you're going to use with your team that you heard from either the chat here, which was really rich, or the listening sessions or from some of the scholarship, or a tip you might have for a new team leader. Or perhaps, it could be a reflection on your practice. Like, hey, I'm doing something really well. And there's some evidence to support it or a resource that you need to support you. That's something that's really important to us, too. So those are just some possible things that you could take away from today. If you could share in the chat, we would really appreciate it.

Also, any questions that might come up, I'm happy to answer. And if I don't know the answer, I'm going to kick it to Lynette who is our ACT expert.

And while you're all thinking about your takeaways, I just want to put a plug-in. Please, join us for the fourth webinar on July 21st from 1 to 2, central time. And if you don't have, if you're not available at that time, please check it out. We're excited to share our survey findings, as well as kind of all of the lessons learned from the listening sessions. And if you have other questions or you want to engage with us in this project, our aim is really to support team



leadership. Please, keep in touch with us. But I see some things coming in the chat now, too.

Some takeaways from today. Bring the calm. Some validation that you should request paid time off. That's great. Summer is a good time to do it. Sharing the who, what, when, and how a fidelity very overtly with our team. I think that's great. It's nice to know that other people share the same struggles. And I hope that there's some validation in that, when you hear these similar barriers and strategies. Importance of review status with team. We're on the right track. Progressing. Progressing towards meeting and sustaining fidelity, ongoing support for what we do as team leads.

Yeah, so assuming that's a need. Definitely conduct formal fidelity audits and staff. Great. And one other thing that I didn't emphasize as much as I had planned was also just the use of-- I forgot what they're called. I'm forgetting. But just those kind of technical assistance centers in the states. Sometimes, there are technical assistance providers. I know most states do have some resource for technical assistance and training. And folks really, really relied on them, as well, for that local support. Conduct formal fidelity audit and staff. Show evidence for a need for executive support. Great.

And another one that I'm thinking of that I forgot to mention, too, is that a staff member really used every opportunity she could, as a team lead, to present to her agency or take opportunities to kind of talk about the successes in ACT and sort of provide information about what was going well. These strategies are fantastic. Thank you so much.

KRISTINA SPANNBAUER: We don't have any questions in Q&A, which I think is a sign of well presented content. If anyone has questions, we still have a couple of minutes. I'll allow another minute or two, if anyone had a question they wanted to add to the Q&A.

Thank you both so much for being here. That was an excellent presentation. We've added the registration link a couple of times in the chat. And as I mentioned earlier, you will be redirected to that very short survey. If everyone would take a couple of minutes to fill that out, that would be much appreciated.

Also, as we mentioned, the recording and the PowerPoint slides this presentation will be posted in about a week on the MHTTC products and resources webpage. And certificates of attendance will be sent out again in about a week via email. Looks like we still don't have any questions. So I will thank you both again. Excellent presentation, as I said. And thank you all for joining us today and for spending the afternoon with us.

MIMI CHOY-BROWN: Thank you.

KRISTINA SPANNBAUER: Thank you. have a great day.



LYNETTE STUDER: Thank you for all of the work that all of you team leaders and agency and state administrators do. We're grateful to have these webinars to at least say that we see you. And we see the good work that you're doing in sometimes, a system that doesn't always facilitate that. So Thanks for keeping it going. And let us know how we can support you best. So thanks for sharing that precious one hour of time with us.

KRISTINA SPANNBAUER: Yes, absolutely. All right, everyone. Have a great rest of your afternoon.

MIMI CHOY-BROWN: Thank you.