

# The ATLAS Project Update: Lessons Learned & Next Steps

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Northwest and Great Lakes Mental  
Health Technology Transfer Centers Joint  
Webinar Series

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# Acknowledgements



Great Lakes (HHS Region 5)

**MHTTC**

Mental Health Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

- Louis Kurtz, Jr
- Kerry Zaleski
- Kris Kelly
- Laura Saunders



Northwest (HHS Region 10)

**MHTTC**

Mental Health Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

- Maria Monroe-DeVita
- Christina Clayton
- Lydia Chwastiak
- Michelle McDonald-Lopez
- Gabrielle Orsi

***Participating Assertive Community Treatment  
Team Leaders and Staff Members***

# As a reminder...

## The **ATLAS** Project:

The Assertive Community Treatment Leadership and Supervision Project

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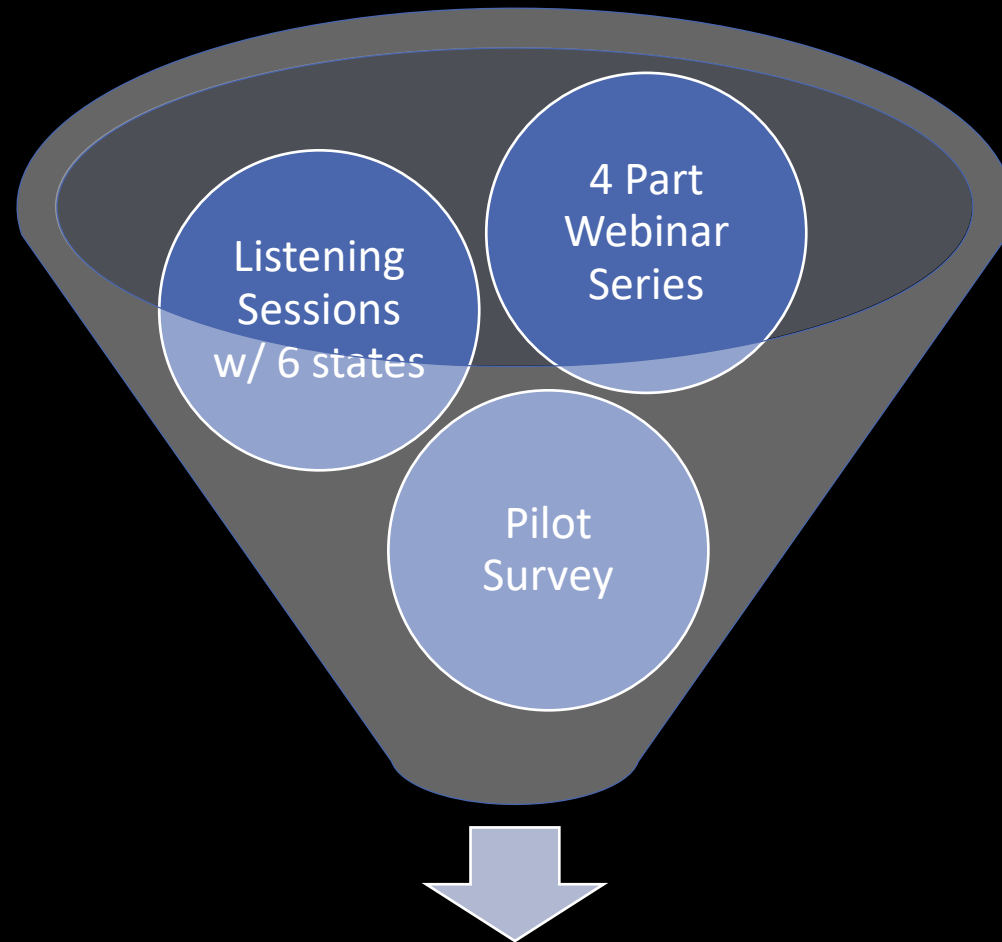
### Overall Goal:

To support team leadership  
in promoting high quality  
ACT services for people who  
experience significant  
psychiatric disabilities.



# Project activities to achieve our goal (2020-2021)

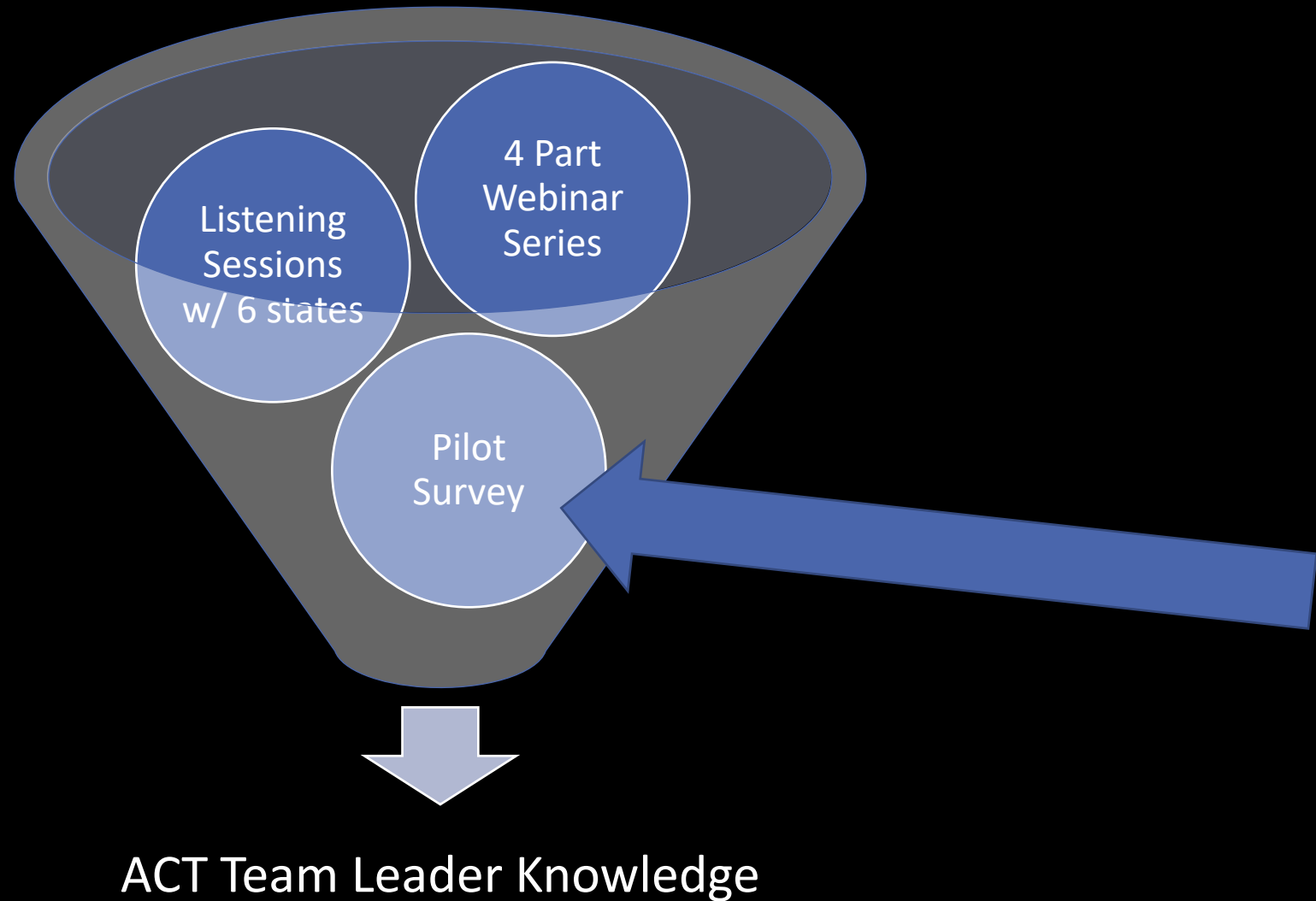
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ACT Team Leader Knowledge

# Project activities to achieve our goal (2020-2021)

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# Plan for Today's Dialogue Presenting Survey Results

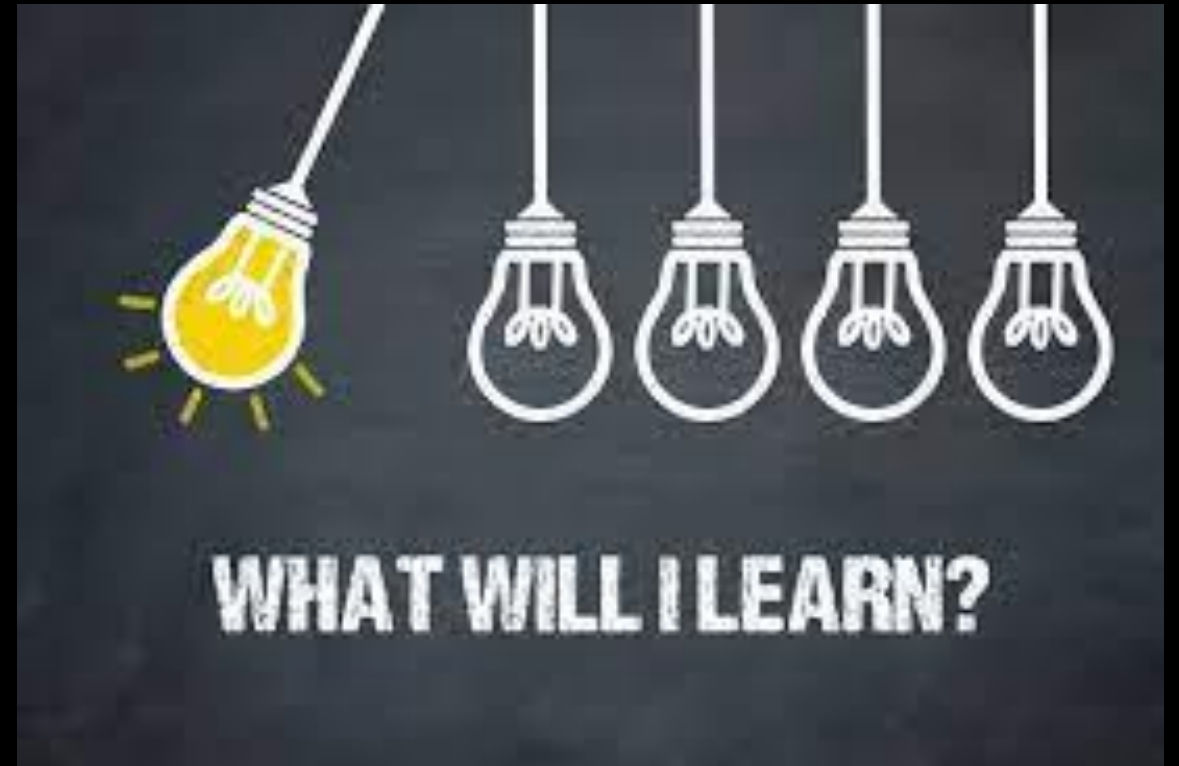
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# Today's Learning Objectives

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- ❖ Understand what was included in the survey and why
- ❖ Identify where gaps still exist in our knowledge
- ❖ Leave with one way you can help the information around ACT team leaders move forward





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# How many of the previous webinars, in this series, have you attended?

All previous 3

2

1

0

Can't remember

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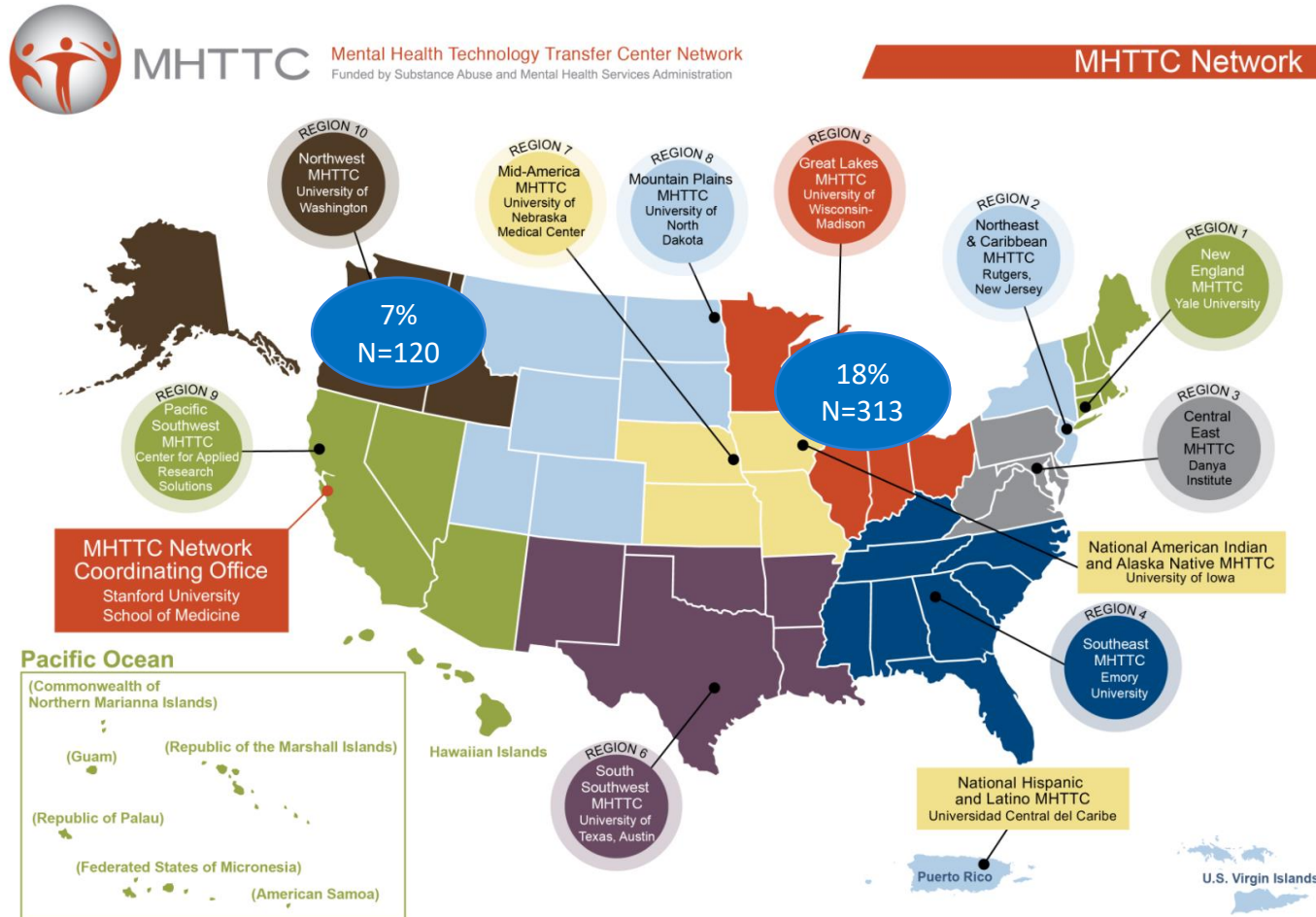
# Primer...

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- ACT is an essential treatment model in community mental health
- Interdisciplinary community-based team, led by a team leader



# Assertive Community Treatment in the U.S.



- Estimated Need to meet Demand:
  - 8,333 ACT Teams
  - 11,250 Team Leaders
- All States report providing ACT
- Total reporting ACT in 2019:
  - 1724 (14% of total facilities)
  - 120 in Northwest Region (7%)
  - 313 in Great Lakes Region (18%)

# Initial State of our Knowledge

- PACT Manual
- TMACT/DACTS guidance
- Ideas on leadership from other areas have some relevancy
  - Bass's multifactor model of leadership (i.e., transformational & transactional leadership) seems applicable
  - Styles of leadership influence both team and persons served variables
  - Both task & relationships are important for understanding the influence of leaders and defining what effective leaders must consider
- Very little information specifically looking at ACT team leader
  - First specific ACT team leader study to fill in gaps (Studer, 2015)





All Listening Sessions



# Key Themes from all ACT Listening Sessions

## Key Strengths

- Provides direct supervision
- Seeks team input
- Knows ACT, knows clients, does direct practice
- Encourages others

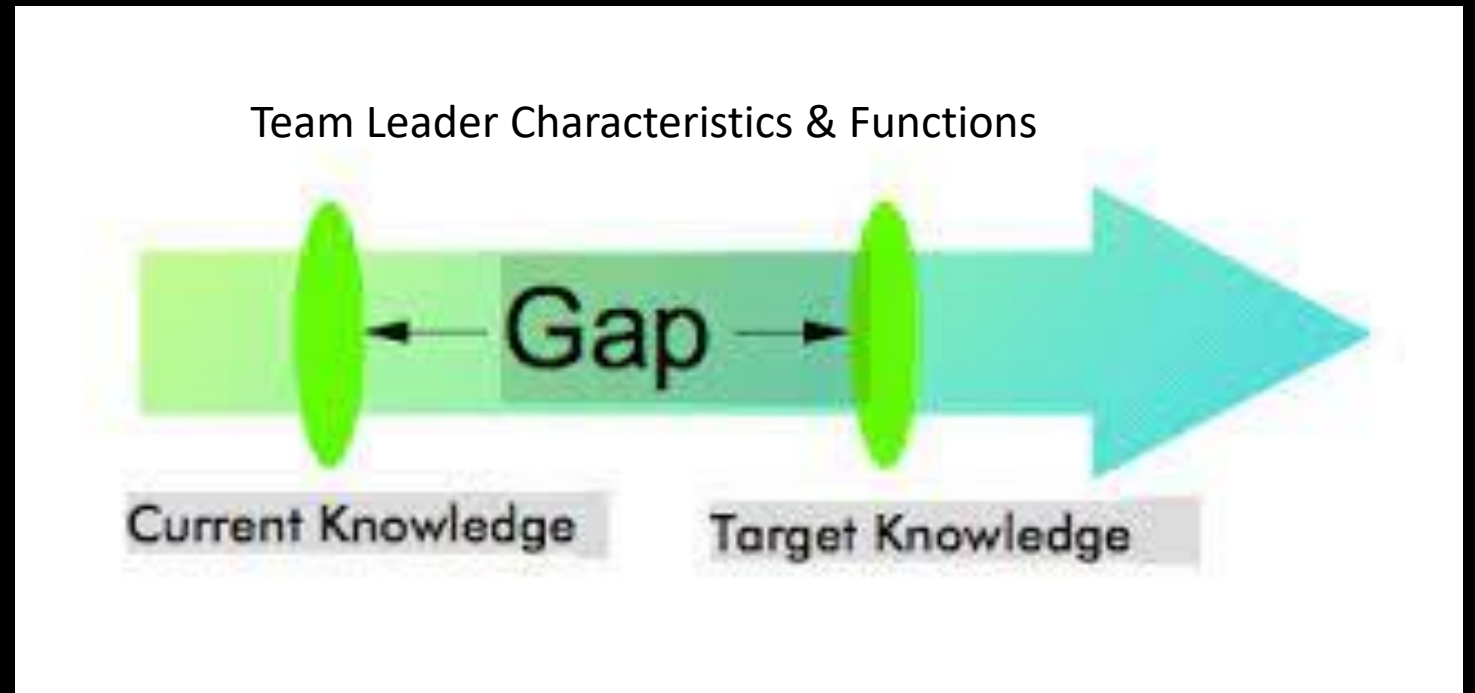
## Challenges Faced

- Technology/Telehealth (learning curve, less ability for rich assessment)
- Staff issues (turnover, poor wages, not right fit, burnout, low morale)
- Lack of resources (both pre- and post-pandemic)

## Tips & Strategies

- Offer support; be kind; share successes and have fun and deliberate time w/ team
- Be comfortable with the “gray” areas and ambiguity
- Acknowledge there is constant change
- Find mentors

Yet, still  
limited  
evidence of  
ACT  
leadership  
and  
supervision



# Juggling ACT of Leadership and Supervision

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# What remains limited is our understanding of ...

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Fidelity



Adaptation

New  
Knowledge



Old Habits

Expectations



Realities

Intentions

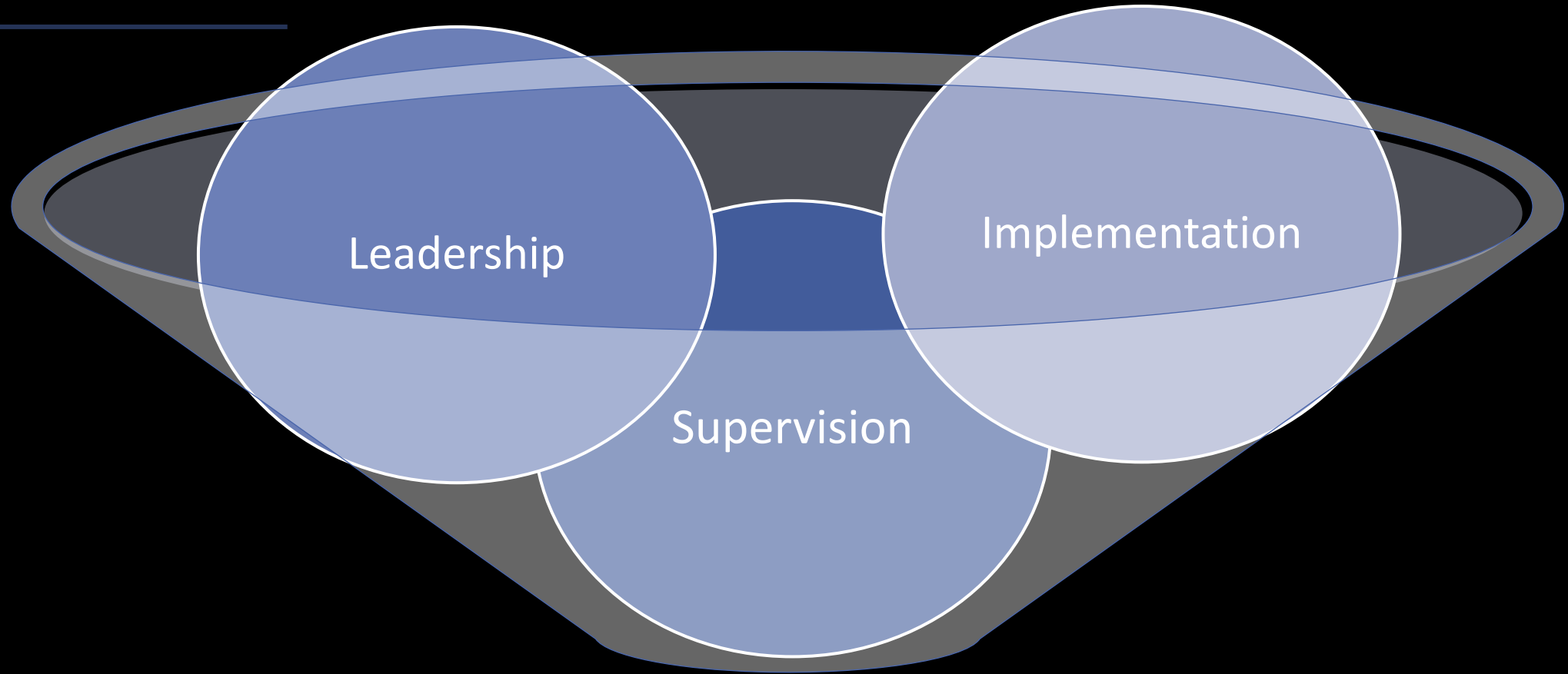


Competing  
Demands



What are the critical ingredients in team leadership that optimize ACT services?

# Identifying Team Leadership Strategies

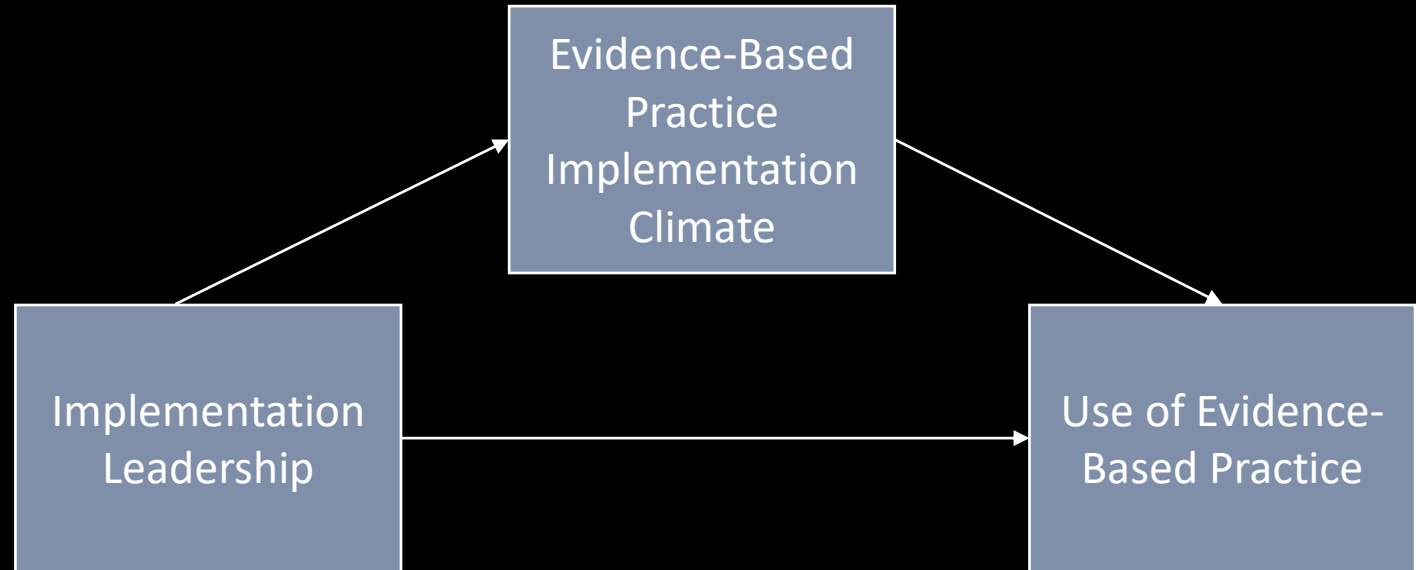


ACT Team Leadership

# Implementation Leadership Theory

- *Implementation Leadership*

- Proactive
- Supportive
- Perseverant
- Knowledgeable

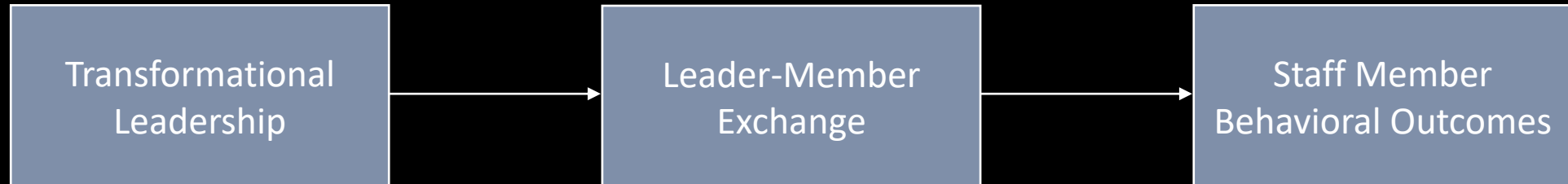


- *Theory of Middle-Managers' Role in Implementation Theory*

# Leadership Theory

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- *Transformational Leadership*
  - Leadership style that is inspiring, mission-driven, and individualized
- *Leader-Member Exchange Theory*
  - Process of leadership
  - Bidirectional, interactions between leaders and team members
  - Mediates the relationship between leader characteristics and team outcomes



# Evidence-Informed Supervision Practice Strategies

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Learning  
Strategies

Use of  
Structured  
Tools

Data  
Gathering

Feedback

Relational

# Expert Rated Important Supervisory Behaviors

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Use service data (e.g., time in community, caseload) to make improvements in adherence to ACT

Provide rewards & recognition for incremental change

Lead  
Team  
Meetings

Encourage giving & receiving positive feedback

Build & Enhance Skills

Monitor  
& Use  
Outcome  
data

Identify strengths and areas of need using client outcome data.

Quality  
Improve  
ment



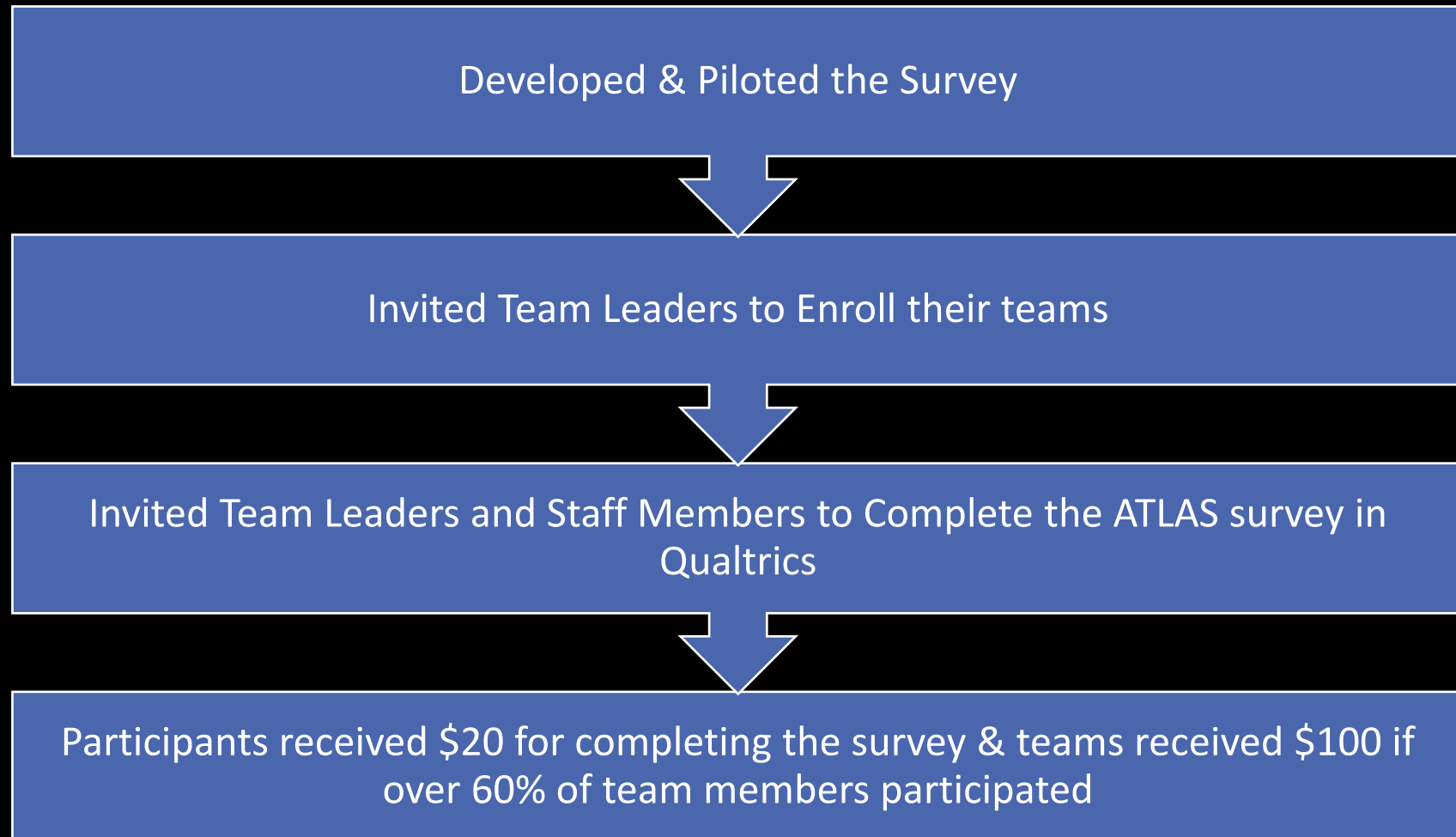
# Research Questions

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- What are the characteristics of people working as ACT team leaders and ACT team members?
- What are the experiences of leadership and supervision strategies in ACT?
- To what extent do team leaders perceive barriers in implementing high fidelity ACT services?
- What, if any, activities are team leaders interested in to support team leadership and supervision?

# Survey Data Collection

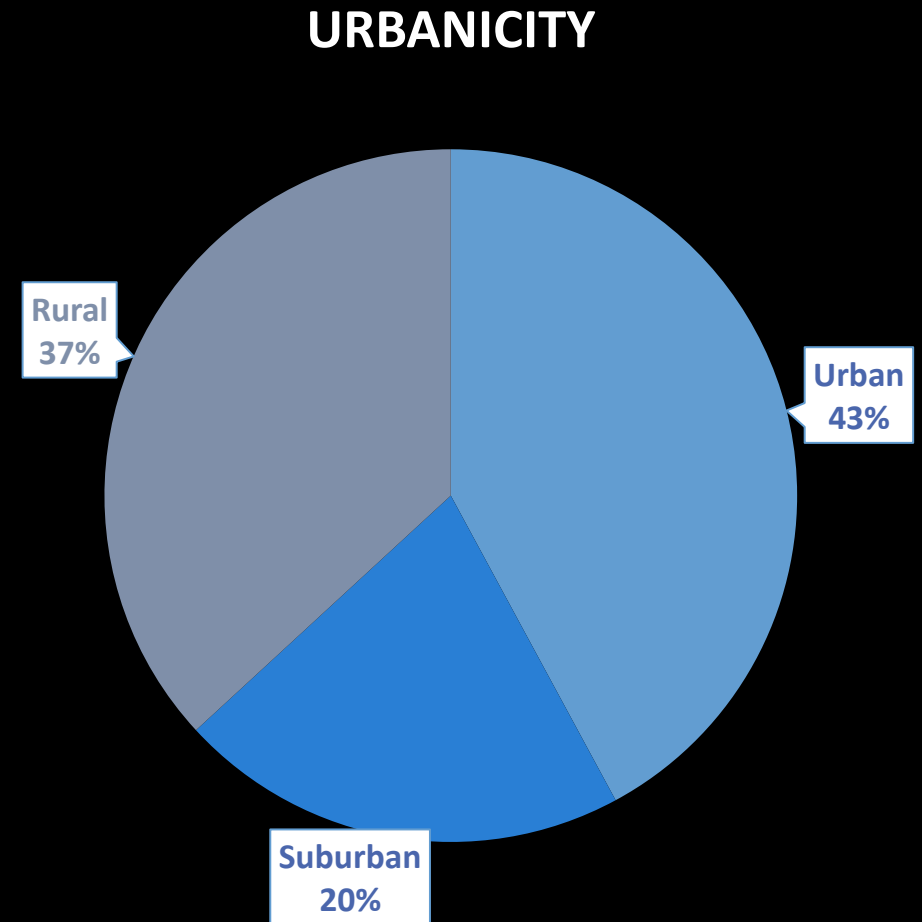
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# ACT Team Enrollment

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- Teams (N=40) enrolled from two states
- Average of 2.4 (SD=1.7) teams per agency, Range from 1 to 7
- 72.5% private non-profit agency, 17.5% Public agency, 10% for-profit
- Average of 11 (SD=2.8) staff members per team, Range from 6-19
- Current vacancies is one position per team, (SD=1), Range 0-4
- 47% of teams have been operating for 14+ years
- 1 team served transitional age youth



# Participant Characteristics

	Staff Members (N=198)			Team Leaders (N=24)		
	Mean	SD	Mode	Mean	SD	Mode
Agency Tenure	5.85	5.43	2	12.52	10.17	14
Tenure with this Team Leader	3.39	3.75	2			
Years Experience as a Team Leader				5.23	4.23	2
Years Experience with ACT	7.19	31.21	2	8.1	5.39	5
Hours Work Per Week	38.71	7.37	40	42.29	5.37	40
Age	42.81	11.86	43	46.68	11.23	43

# Participant Characteristics

		Staff Member		Team Leader	
		N	%	N	%
Hourly/Independent Contractor		105	53	2	8.3
Highest Level of Education	BA or less	131	43.4	0	0
	MA	55	27.8	23	95.8
	Phd/MD	12	6.1	1	4.2
Relevant Experience	Social Work	44	22.2	12	50
	Relevant Lived Experience	18	9.1	0	0
	Mental Health Counseling	34	17.2	11	45.8
Gender Categories	Woman	161	81.3	17	70.8
	Man	32	16.2	5	20.8
	Transgender	1	0.5	0	0
	Non-binary	2	1	0	0
	Prefer to self-describe	2	1	0	0
	Prefer not to respond	2	1	2	8.3
Racial Categories	American Indian or Alaska Native	2	1	0	0
	Asian	5	2.5	0	0
	Black or African American	7	3.5	0	0
	White	178	89.9	22	91.7
	Prefer to self-describe	4	2	0	0
	Prefer not to respond	5	2.5	2	8.3

# Reports of Team Leadership

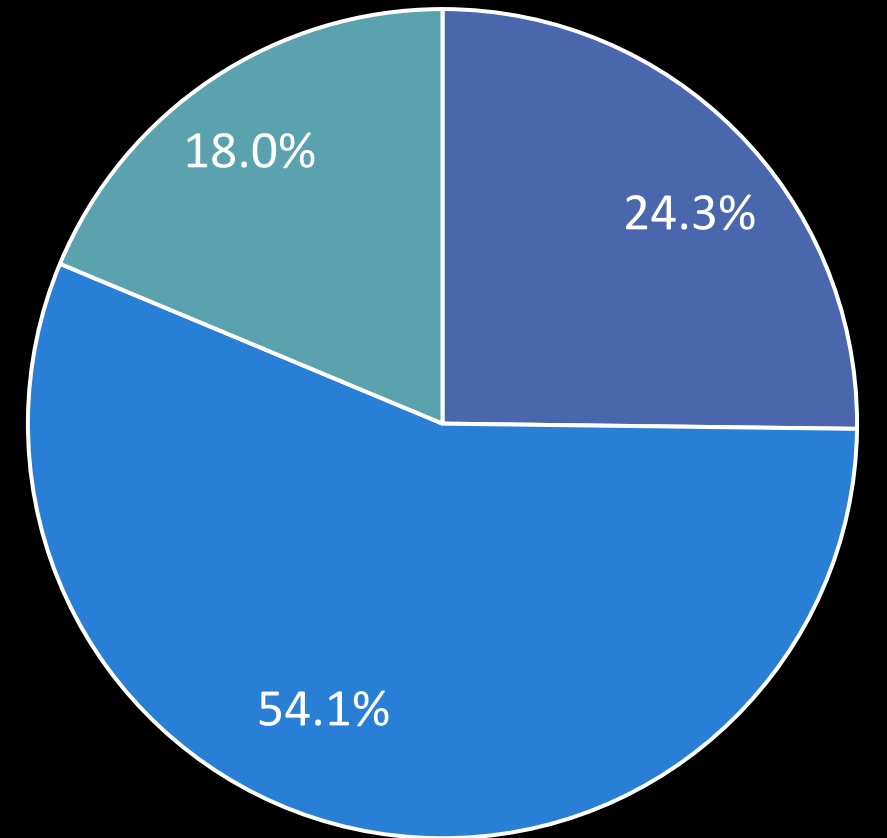
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	<u>Staff Report</u> (N=198)		<u>Leader Self-Assessment</u> (N=24)	
	Mean	SD	Mean	SD
Transformational Leadership: 0 (not at all) – 4 (frequently)	2.89	0.92	3.11	0.51
Implementation Leadership: 0 (not at all) – 4 (great extent)	2.94	0.90	2.91	0.63
Leader-Member Exchange: 7 (very low quality) – 35 (very high quality)	27.20	6.06	27.52	3.96
Supervisory Working Alliance: 0 (almost always) – 7 (almost never)	5.46	1.25	5.36	0.75

# Staff Reported Available Supervision

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- 79% received workplace-based supervision only, 10% none, and 10% had external as well
- 64% reported their supervisor is almost always available when they have a question
- 89% reported that the team leader provides their supervision
- 5 hours (SD=2.3) of supervision (including team meeting)



■ Administrative ■ Clinical ■ Other



# Evidence-Informed Supervision Practice Strategies

Supervision Practice Elements (1 - not at all - 5 almost always)	Staff Report (N=198)			Team Leader Report (N=24)		
	Mean	SD	Mode	Mean	SD	Mode
Clinical Suggestions	3.86	0.96	4	4.29	0.69	4
Praise	3.76	1.14	5	4.42	0.72	5
Elicitation	3.66	1.09	4	4.08	0.72	4
Progress Note Review	3.04	1.31	4	3.54	0.83	3
Outcome-Based Supervision Feedback	2.91	1.32	4	2.75	1.11	3
Modeling	2.79	1.30	3	3.17	0.92	3
Use of an Agenda	2.74	1.38	1	3.67	1.05	3
Supervisor Elicitation of Supervision Feedback	2.73	1.34	3	2.88	1.26	4
Use of Teaching Tool(s)	2.59	1.31	1	2.67	0.92	3
Use of a Structured Tool	2.58	1.29	3	2.46	1.18	2
Considered Privilege, Oppression, or Racism in Supervision	2.46	1.20	3	3.33	0.92	4
Practice Observation	2.38	1.37	1	2.13	1.19	1
Use of a Learning Plan	2.32	1.26	1	2.79	1.06	3
Supervisor Decides Agenda	2.31	1.03	2	2.67	0.56	3
Behavioral Rehearsal	2.14	1.29	1	2.54	1.10	2

# Team Leader Behaviors

	Staff Member (N=197)			Team Leader (N=24)		
	Mean	SD	Mode	Mean	SD	Mode
Promotes person-centered care in Team Meetings	3.11	0.86	3.00	3.13	0.90	4.00
Reviews treatment planning documentation for person-centered care	2.96	1.06	4.00	2.63	0.88	3.00
Encourages staff to give and receive feedback in team meetings.	2.75	1.15	4.00	3.00	0.83	3.00
Gives specific feedback	2.71	1.10	3.00	2.88	0.74	3.00
Elicits Staff Feedback on Barriers & Advocates to remove barriers.	2.59	1.22	3.00	2.67	0.76	2.00
Identifies, develops, and implements strategies to overcome barriers.	2.44	1.22	3.00	2.67	0.64	3.00
Uses ACT specific process or service data (e.g. time in community, caseload size) to make improvements	2.32	1.33	3.00	2.46	1.10	2.00
Uses Outcome Data to Identify Strengths/Areas for Improvement	2.22	1.25	3.00	1.96	0.91	2.00
Obtains Client feedback	2.19	1.28	2.00	1.96	1.00	1.00
Provides rewards and recognition for incremental steps	1.74	1.32	1.00	2.08	1.02	2.00
Spends time out in the field with me	1.23	1.31	0.00	1.08	0.97	1.00

# What are we missing?

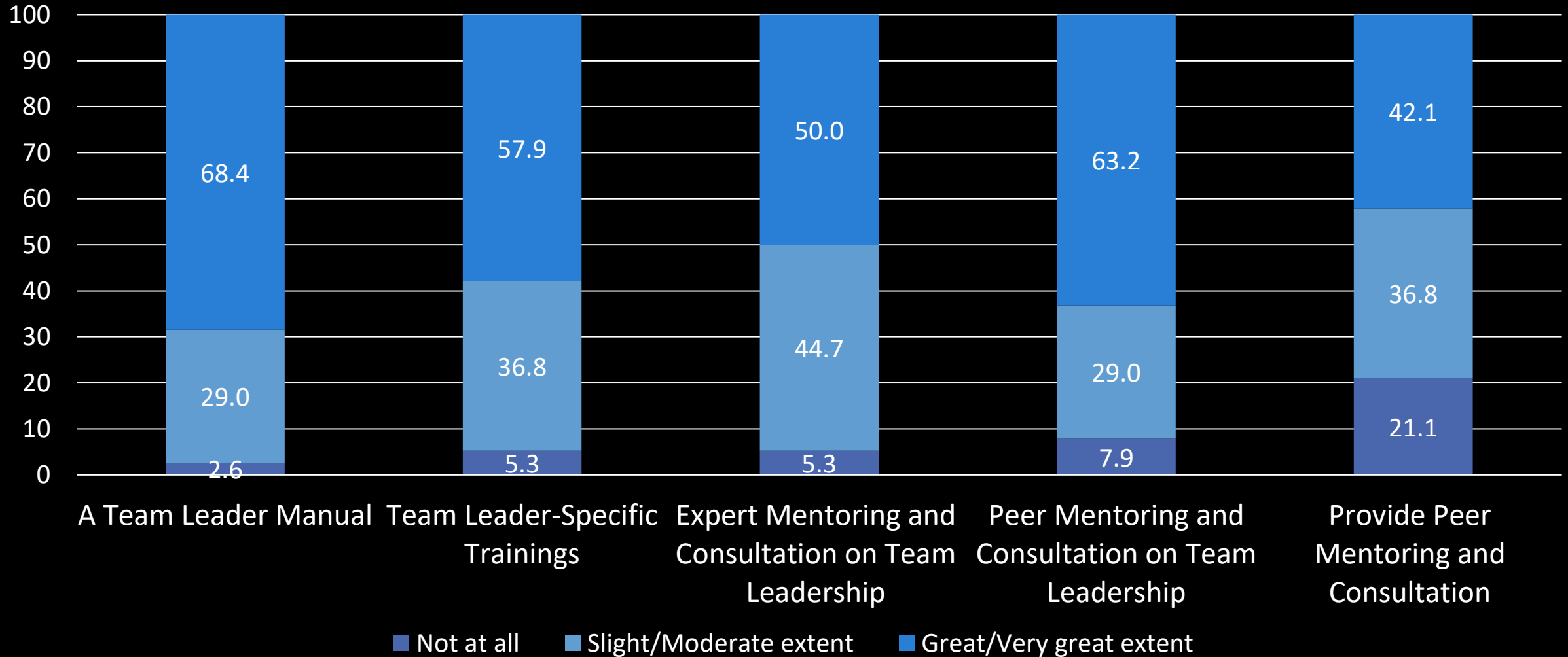
What other critical ingredients of team leadership and supervision did we miss?



# Team Leader Reported Barriers to High Fidelity ACT

0 (not at all) - 4 (very great extent)	Mean	SD	Mode
Low Staff Pay or Poor Benefits	2.1	1.2	2.0
Extensive Regulatory Requirements	1.7	1.2	1.0
Not enough Practice-Based Training	1.6	0.8	2.0
Staff commitment or Skill level	1.6	1.0	1.0
State Level Leadership Overseeing ACT	1.5	1.4	0
Low staff retention	1.5	1.2	1.0 <sup>a</sup>
Inadequate Funding	1.5	1.3	0
No Preparation Support for Fidelity Assessment	1.4	1.3	1.0
Inconsistent Medicaid Funding	1.3	1.0	1.0
No Available Consultation when new or complex issues arise	1.2	1.2	1.0
No Available Technical Assistance to support implementation of EBP or PCC	1.2	1.1	1.0
No Infrastructure for Outcome Data Collection & Monitoring	1.2	1.0	1.0
Agency leadership (outside the team)	1.2	1.2	0
Agency culture or climate	1.1	1.0	1.0
Lack of support to advance my TL leadership, supervision, or team management	1.1	1.2	0
ACT fidelity criteria are not clearly defined	1.0	0.9	0
High Staff Conflict	0.9	1.0	0.0

# Team Leader Support Preferences



# Discussion

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- ✓ More questions than answers (for now)
- ✓ Sustainability of ACT
  - Workforce retention, experience, homogeneity
- ✓ Relational supervision and leadership strategies experienced frequently
- ✓ Use of data to inform supervisory feedback
- ✓ Person-Centered Care Focus

# Consider Trying Out One of these Strategies

- ❖ Use praise, recognition, or rewards for incremental success
- ❖ Experiential Learning within Individual Supervision or Team Meetings
- ❖ Ride Along for Direct Observation





Would these reports be different  
next year?

Are any of these surprising? Different interpretations?



# Next Steps for the ATLAS Project

1. Complete Pilot Data Collection
2. In-Depth Multilevel Data Analysis
3. Refine Survey Instrument & Process
4. Hope to Launch in More States

Goal: Evidence-Informed and Effective  
Team Leadership and Supervision-Focused  
Resource for Support



Thank you for your participation in our first year of the ATLAS Project!

We are so grateful for your partnership and sharing your expertise with us!



# Questions? Comments?



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