Northwest (HHS Region 10)
MHTTC
Mental Health Technology Transfer Center Network

Welcome to:

What Makes ACT Psychiatry the Best Job on the Planet!

Presented by
Dr. Steve Harker and Dr. Ann Hackman

May 23, 2024

We will begin soon!

Important Information:

- This **meeting is being recorded.** The recording and presentation slides will be made available via our website within a few weeks.
- Please complete the **evaluation** at the end of today's event. Your feedback keeps the free training coming!

Let's Connect!

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- **Website:** mhttcnetwork.org/northwest or **scan QR**

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SAMHSA
Substance Abuse and Mental Health Services Administration

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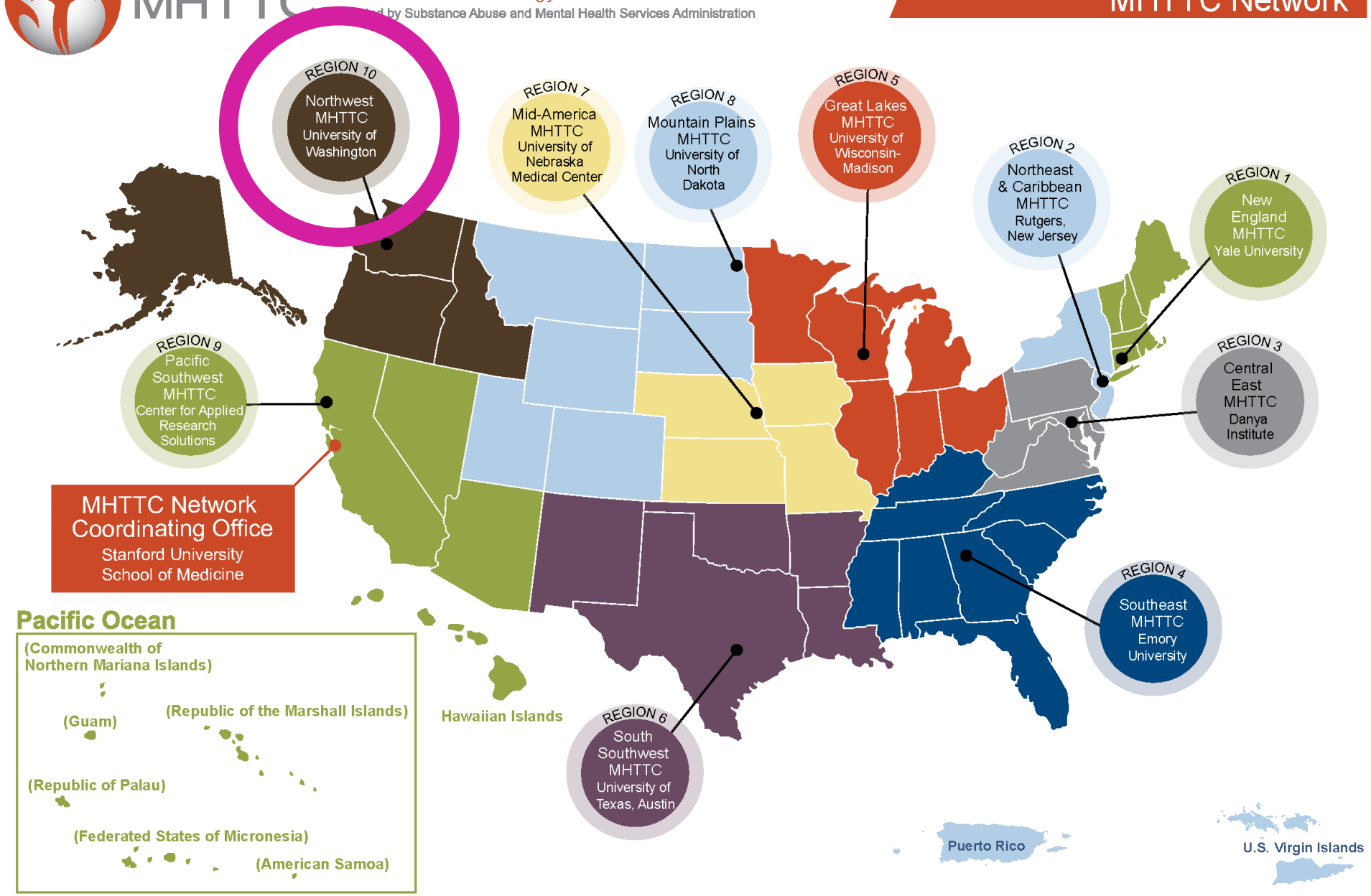
...d by Substance Abuse and Mental Health Services Administration



UNIVERSITY of WASHINGTON
PSYCHIATRY & BEHAVIORAL SCIENCES

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OUR GOALS

- **Support mental health-related EBPs and best practices.**
- **Heighten awareness, knowledge, and skills**
- **Foster alliances and address diversity of training needs**
- **Share FREE, publicly available training and TA.**

NETWORK AREA OF FOCUS: Evidence-based practices (EBPs) for psychosis

Including CBT for psychosis (CBTp) & Assertive Community Treatment (ACT)

ADDITIONAL TRAINING TOPICS

Integrated Care ~ Peer Support ~ Leadership ~ Co-occurring Substance Use Disorders
Provider Well-being ~ Suicide Prevention ~ Equity & Inclusion ~ Families ~ Trauma-Informed
Addressing Stigma ~ Culturally Responsive ~ Crisis Work ~ Grief & Loss

PRIORITIZING EQUITY, DIVERSITY, INCLUSION & PROVIDER WELL-BEING

LIVE & RECORDED WEBINARS

VIRTUAL LEARNING COMMUNITIES

ONLINE, SELF-PACED COURSES

LYDIA CHWASTIAK, MD, MPH
PI & CO-DIRECTOR

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CO-DIRECTOR

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NEWSLETTERS & OPPORTUNITIES

RESOURCE LIBRARY

"PUTTING IT TOGETHER" *PODCAST*

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HOUSEKEEPING

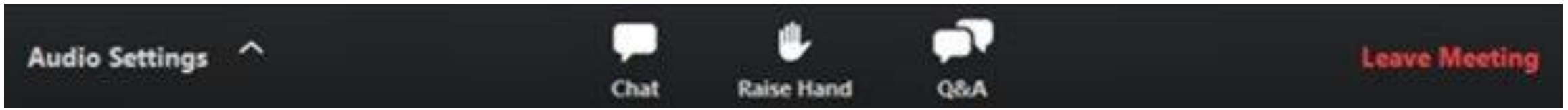
VIDEO

SLIDES

CHAT

Raise hand to be unmuted to speak

Q&A



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EVALUATION

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- At the time of this presentation, Miriam Delphin-Rittmon served as SAMHSA Assistant Secretary. The opinions expressed herein are the views of the speakers, and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.
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LET'S CONNECT!

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TODAY'S
CO-FACILITATORS & PRESENTERS

Lydia Chwastiak, MD, MPH

Maria Monroe-DeVita, PhD

Lorna Moser, PhD

Steve Harker, MD

Ann Hackman, MD

Now, let’s turn to you… quick poll on participants today

National ACT Virtual Meet-Up

June 3, 2024
12-1 pm Pacific Time

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Introducing a New ACT Nurse Onboarding Training Curriculum!

Developed by the Oregon Center of Excellence for Assertive Community Treatment (OCEACT)

Juli Templeton RN, BSN, QMHP, TTS,

Heidi Herinckx, MA,

Assertive Community Treatment (ACT) Psychiatric Care Provider Series

A series of monthly calls for ACT prescribers. Offered in collaboration with the Institute for Best Practices at the University of North Carolina.

REGISTER HERE

NOTE: you can register for as many or as few meetings as you'd like, or pick which topics are of interest --attend any or all! We welcome all ACT psychiatrists, nurse practitioners, and other prescribers.

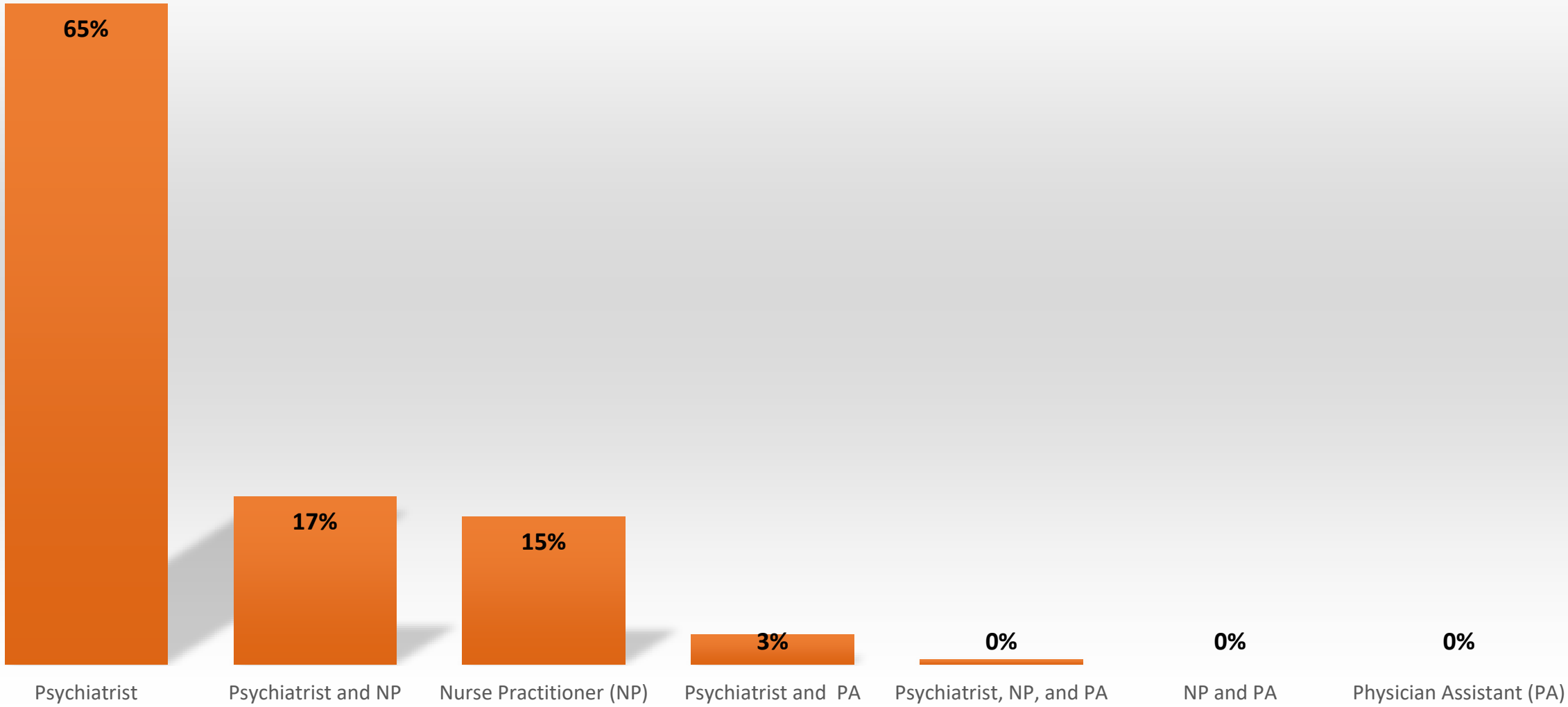
SCHEDULE

Thursdays, May - August, 2024 | 12:00-1:30 pm Pacific

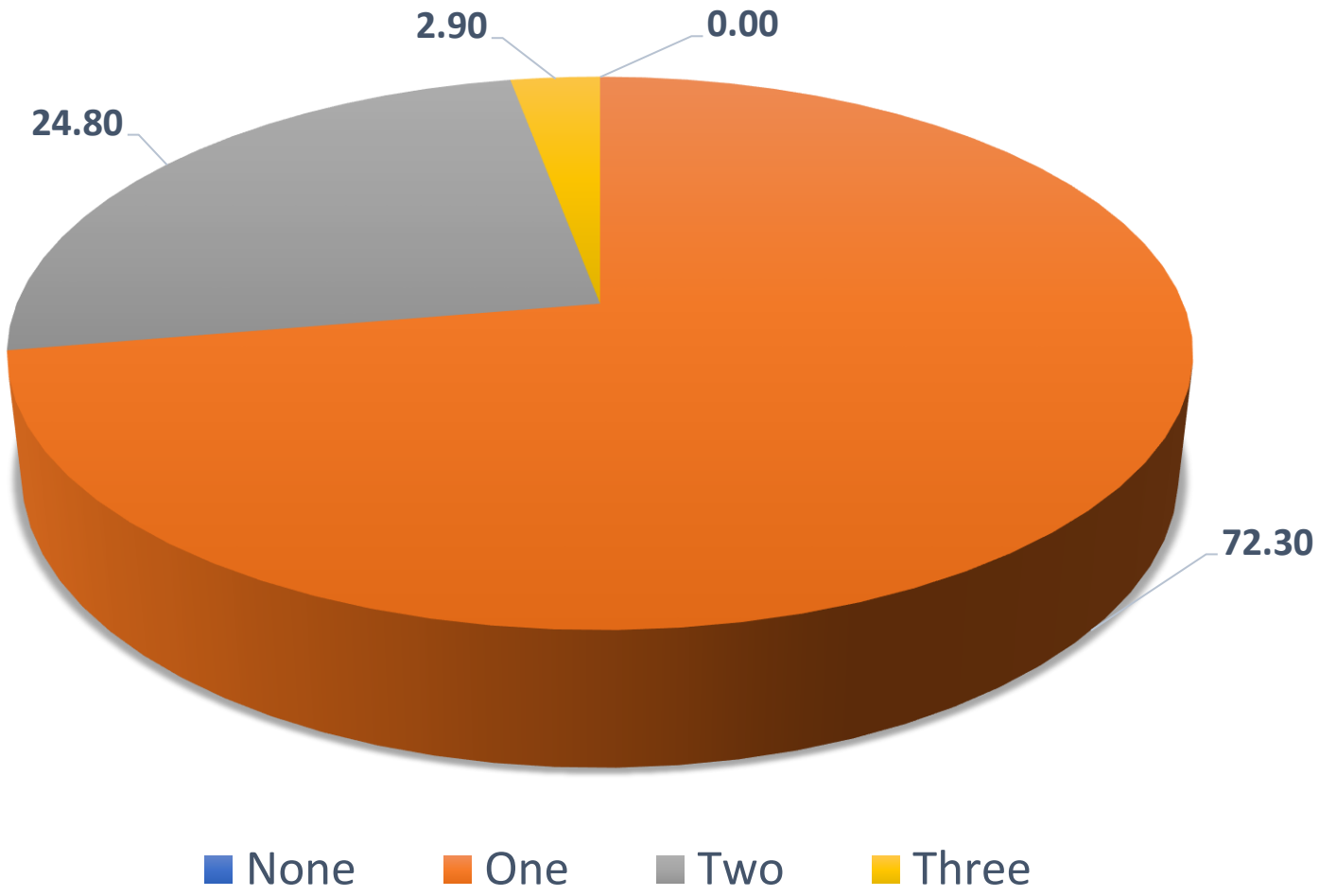
- May 23rd - What Makes ACT Psychiatry the Best Job on the Planet!, with Dr. Steve Harker and Dr. Ann Hackman | **Learn more**
- June 20th - Pharmacologic Considerations for ACT Team Prescribers: Focus on Clozapine and Long-Acting Injectable Antipsychotic Medications (LAIs), with Dr. Robert Cotes and Dr. Donna Rolin | **Learn more**
- July 18th - Cardiovascular Health for Individuals with Serious Mental Illness, with Dr. Martha Ward | **Learn more**
- August 15th - Updating Substance Use Disorder Care in the Age of Fentanyl and Stimulants: Implementation of Harm Reduction and Treatment, with Dr. Jeremy Weleff and Dr. Tumenta Terence | **Learn more**

Who is in the Psychiatric Care Provider position(s) on the ACT team (n = 205 teams across 10 states who underwent TMACT review)?

National ACT Study: TMACT Fidelity Data



Percentage of ACT Teams with One, Two, or Three Psychiatric Care Providers on the ACT Team (n = 206 teams across 10 states who underwent TMACT review)



National ACT Study: TMACT Fidelity Data

ACT Psychiatric Care

Functionally Speaking, A Fun Job

Steve Harker, M.D.

Defining Roles

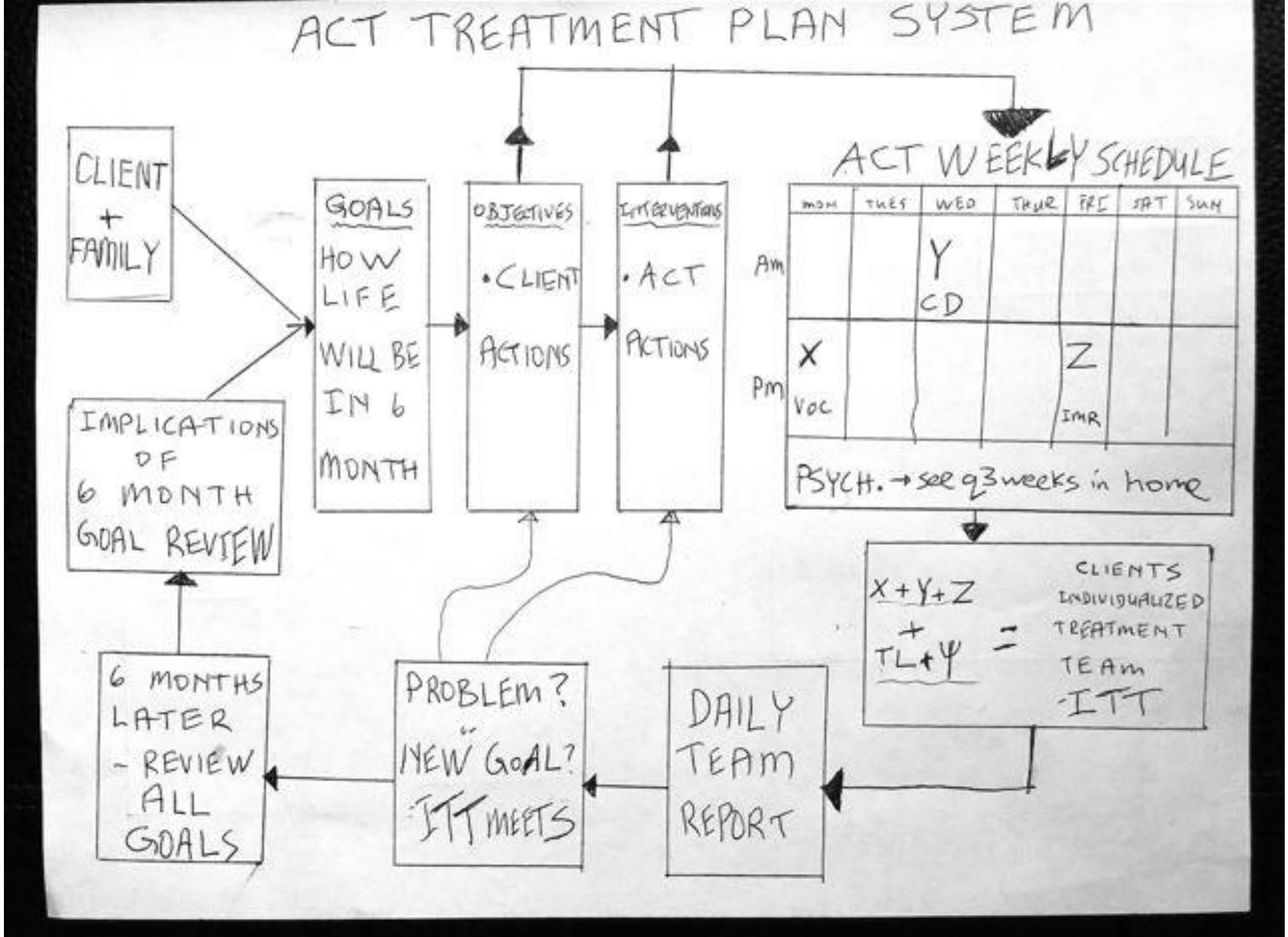
- What is an ACT team designed to do?
- What range of things does an ACT psychiatrist do?
- How do they contribute to the overall team function?

What does an ACT team do?

- Work with a population that has a very defined illness, schizophrenia
- The illness has generally derailed them from the direction their life was going
- Integrate medical treatment for the illness into a recovery process that is based on teaching skills in the community
- Overall goal is not defined by level of symptom reduction but instead by how much they are able to get their life back on track
- Each member of the team is working together in this complex process we call recovery—Inside AND outside of their specialty role

The Assertive Approach: organizational structures to increase frequency of choice

- Comprehensive Assessment
- Individualized Treatment Planning
- Daily Team Meetings provide:
  - multi-disciplinary application of treatment plan
  - continuous re-assessment and modification of treatment plan


ACT TREATMENT PLAN SYSTEM
CLIENT + FAMILY
GOALS
HOW LIFE WILL BE IN 6 MONTH
OBJECTIVES
• CLIENT ACTIONS
INTERVENTIONS
• ACT ACTIONS
ACT WEEKLY SCHEDULE
MON
TUES
WED
THUR
FRI
SAT
SUN
Am
Y
CD
Pm
X
Voc
Z
IMR
PSYCH. → see q3 weeks in home
IMPLICATIONS OF 6 MONTH GOAL REVIEW
X + Y + Z + TL + Ψ = CLIENTS INDIVIDUALIZED TREATMENT TEAM -ITT
6 MONTHS LATER - REVIEW ALL GOALS
PROBLEM? "NEW" GOAL? ITT MEETS
DAILY TEAM REPORT

What We Do: Client Choice in ACT and ACT as a Communication Structure

- Amplify choice
  - Increase frequency of choices
- Modulate context of choices
  - Choices in context of their goals
  - Choices in context of mental illness treatment
- Modulate environment
  - Choices made in the community

Case Example: psychiatrist – dual role

- Treatment
  - Schizophrenia, PTSD
  - Zyprexa 40, sustenna 234, vpa 2500
  - Clozaril plus sustenna
  - Eye rolling
  - Lost to treatment
  - Alaska
  - Back to MN– met mom
  - Targeted PTSD, Clozaril dose adjusted over 1 year

- Recovery
  - Own apartment-> cat
  - Family- PTSD trigger management
  - Job interviews- don’t go well
  - GED-
  - Weight gain- exercise and get in shape

Community outing

- Subway coupons
- Normally very gregarious/talkative funny and sensitive
- While in Subway- difficulty talking, nervous speech, barks at worker, seems paranoid, stiff body language→ she is scared
- Implications for finding work
- Report back to team—the feedback loop
  - Social skills training
  - Vocational support
  - etc

Summary of Assertive -it's kind of "medical"

- A feedback loop
  - Put a treatment plan in action in order to get more information
  - Process is continual on a daily basis
  - A "roadblock" is an opportunity to provide a client with several more choices
    - Re-strategize-

TMACT fidelity definition:
Psychiatric Care Provider Role (In Treatment)

ITEM		RATINGS / ANCHORS				
		(1)	(2)	(3)	(4)	(5)
Core Team (CT) Subscale (cont.)						
CT4	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.	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.

TMACT fidelity definition:
Psychiatric Care Provider Role (within team)

ITEM		RATINGS / ANCHORS				
		(1)	(2)	(3)	(4)	(5)
Core Team (CT) Subscale (cont.)						
CT5	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).	The psychiatric care provider performs no more than 2 team functions total.	3 team functions are performed.	4 team functions are performed.	5 team functions are performed.	ALL 6 team functions are performed.

Time given to do all these things:

- The Team has at least 0.8 FTE Psychiatric Care Provider time to directly work with a 100-client team.

On Call

- The Team has 24 hour responsibility for directly responding to psychiatric crisis.

What We Do--Continued

- Long-term approach – make it “stick”---improve resilience
  - Do in many years what someone w/out a MI does much more quickly: autonomy, sense of identity outside of MI
    - If hundreds of choices made over the years in context of client’s goals and MI symptoms this experience may be integrated into a more effective working memory
- Discharge criteria: citizen in the local community
  - Two years of stability across multiple domains

ACT Psychiatry

The best job ever

Ann Hackman, MD

My job as an ACT psychiatrist

- I was first introduced to ACT in 1990 as a first-year resident. University of Maryland had a McKinney funded grant providing ACT services to people living with major mental illness who were also unhoused. It was a randomized controlled study. I was part of identifying possible study participants.
- Two peer specialists were written into the original grant.
- I joined the program as a senior resident in 1993. The research was ongoing. When the research ended the program continued. I never left. I continue to treat some of the people I first met over three decades ago

More than three decades as an ACT psychiatrist

- The research ended and the state continued funding, now through MA and MC.
- Our first fidelity review (based on a Maryland interpretation of DACT fidelity) occurred in 2007.
- The team has continued to maintain high fidelity status (Now with the TMACT) since that time

Ms. J.

- Came it the team as a client in 1993.
- History of homelessness
- Multiple hospitalizations
- Several suicide attempts related to psychosis
- Pregnant with her second child
- Ms. J today

Things relatively unique to ACT psychiatrists

- The population of people we see
- The team and team responsibilities
- Psychiatrist skills and job expectations
- Useful personal characteristics

Population of people we see

- People with serious and persistent mental illness whose needs have not been met by the more traditional system
- People with complex medical co-morbidities (and dying earlier than the general population)
- A plethora of bio-psycho-social needs
- May be mandated to treatment

ACT team/team expectations

- Diverse multidisciplinary team
- Psychiatrist is not the leader of the team but provides some leadership
- Less hierarchical than some other settings (e.g. inpatient)
- Intensive services in the community (meeting people in homes, shelters, correctional facilities, hospitals, and at their jobs)
- Working with families and natural support systems
- Held to fidelity standards and with highly flexible approach

Psychiatrist skills/job expectations

- Up to date on psychopharmacology
- Need to be medically savvy -- may be the only physician the person is seeing, people with complex medical and psychiatric problems (mental status changes secondary to medical issues – e.g., hyperglycemia)
- Work well with the team and understand that others on the team may know clients better than the psychiatrist
- After hours availability for urgent issues
- Need for flexibility – including around traditional roles (e.g., administering IMs)
- Need for interaction with other providers and agencies
- Ability to advocate for clients and team

Personal characteristics

- Good communication skills; sometimes outside the box
    - My recent experience with Mr. C
- Solid foundation and firm belief in the recovery
- At least a bit adventurous
- Creative problem-solving skills
- It helps if you believe that being an ACT psychiatrist is the best job on the planet

Client story: Mr. M

- Came to ACT 20 years ago
- Man in his 20s with severe bipolar disorder, forensically connected
- Problematic course including substance use, being unhoused, alienating family and multiple legal challenges
- Mr. M today – housed, employed, reconnected with family and dealing with substance challenges

Why be an ACT psychiatrist

- Relationships over time
- Amazing teamwork
- Work with trainees
- Advocacy
- Connecting with communities
- Lots of other things

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YOUR FEEDBACK IS IMPORTANT

Post-event surveys are **critical,** and your feedback helps us to improve and develop future events.


THANKS FOR JOINING US!
See you next month: .