



**Here's the latest Ohio Coordinating
Center for ACT E-Newsletter!
4/5/07**

PROGRAM SPOTLIGHT

The Licking County ACT Team began implementation in June 2006. The team consists of 5 staff positions including the Team Leader and Psychiatrist. They are a rural team working out of Newark, Ohio. This Team currently works with a broad range of high service clients, especially those who are experiencing fragmented treatment due to frequent and/or lengthy hospitalizations, frequent legal interactions, chronically homeless, or frequent use of crisis services (ER or emergency services). When asked about the specific need for ACT within the agency, Tara Schultz writes “Due to the size of our community, we are able to blend all of these target populations on this team, filling in the gaps that exist for these clients in coordinating care. The team is able to be far more comprehensive with these complex cases than a traditional treatment structure could allow. It has also helped reduce/prevent hospitalizations in a way that was unexpected. This has allowed our regular CSP team to have more time for the rest of their caseloads, allowed ACT to provide intensity needed for complex cases, and across the board we are seeing movement from reactive treatment (constant crisis intervention) to proactive treatment (recovery based).”

As with most ACT programs, this team has struggled with some turnover this first year. Tara Schultz is currently the interim TL (in addition to her role as Adult Programs Director). When asked how the team has developed over the last year, she writes “Currently, we develop things as time allows, and this team has done a phenomenal job of taking initiative and developing many of the infrastructure needs independently. I would like to see a permanent team leader who would have the time to devote to developing the ‘nuts and bolts’ more. A dedicated team leader would bring so much additional support to this staff; I can only imagine what they would be able to accomplish.”

When asked about the benefits of ACT, she writes “Benefits for the clients are absolutely the continuity of care—the same staff who deal with day-to-day issues are those dealing with crisis situations after hours. This gives staff a special understanding of the issues that impact our clients, allowing them to individualize the interventions to a greater degree. The team approach helps buffer burnout on especially intense cases by sharing not only the load, but also by combining the clinical strengths of all team members in treatment.”

Tara also cites some specific ACT resources in Ohio which have helped the program during this first year of implementation. She writes “The constant support of OCCA, our local community mental health board, as well as others have really helped in ensuring training and consultation have been available as we have developed over the past year. The monthly team leader conference calls help in preventing isolation or feeling like we have to “reinvent the wheel” with every bump in the road we experience by allowing us to share in the wealth of experience and knowledge that makes up the ACT community in Ohio.”

Finally, we asked Tara where she would like to see ACT in the future ...
“Available in every community with the funding to support it. Community mental health funding is incredibly limited, but I strongly feel this is a best practice that is needed in every community in some capacity. The front-end loading of funds is the most difficult barrier—the funds saved through reduction of state hospital stays, interactions with legal systems, as well as a variety of other social service resources are almost guaranteed with a well-developed team.”

SUCCESS STORY

I was born on April 3rd, 1986. My name is Melissa and I am 20 yrs. Old. When I was 6 yrs. old, I was physically and sexually abused by my mom, her boyfriend, the boyfriend’s father. This happened until I turned 11 yrs. old. Children Services received a call about me and they took me out of the home. I was placed in foster care and moved from foster home to foster home until I turned 18. At age 18, I enlisted in the US Army. I left for basic training but ended up getting discharged due to my asthma. I started going to college for pre-nursing. School was a little rough and I had to move a couple of times. Eventually, I moved in with one of my teachers, who helped me with school work. After a few months of living with her, I started hearing voices in my head telling me to hurt myself. I actually believed the voices and I began cutting my wrists. After a while of cutting my wrists, I started overdosing on Tylenol. I ended up in a private hospital for a couple of days, and when I didn’t improve I was transferred to a state hospital. I was stuck in the state hospital for one month. Sometimes when I was angry, sad, or if I tried to hurt myself, I ended up in restraints and in the seclusion room. That happened to me a few times. After being there for a month, I finally got my freedom back. I ended up moving out of my teacher’s apt. and got my own apt.

I was 19 yrs. old when I started hearing voices. They wouldn’t leave me alone. I have been hospitalized about 20 times in the past two years. Crazy. I have learned a lot about my illness. I am Schizoaffective Disorder, Post traumatic Stress disorder, and Borderline Personality Disorder. Now I know I just need to take my meds and stay out of the hospital. I also found out that I am not alone, and that makes me feel better. After being in the state hospital, I was assigned a case manager. She would pick me up from the hospital and she was very supportive, but I knew I needed more help and so did my case manager. So now I am on the ACT team. The ACT team consists of a nurse and two case managers and a psychiatrist.

They are a great support for me and now I am on some meds that seem to help. I also live in a supported apartment, where I have been for over a year now. I really like it here. Occasionally, I still hear the voices but I have help. Each day I struggle with my mental illness, but it has gotten a little easier to deal with. Now, in the future I am going back to school for nursing. I am also looking for a part time job. Thanks to the ACT team, I am doing a lot better.

In the year prior to working with the ACT Team, Melissa had not been out of the hospital for more than four consecutive days. At the time Melissa wrote this article, she had not been admitted to the hospital for several months and was getting ready to become employed. She has been working with the ACT Team for almost a year.

ANNOUNCEMENTS

- 1. OCCA workshop on 4/19/07 in Cleveland- Forensic ACT, CEU's and lunch provided. \$20 Fee Is Waived! Go to <http://register.healthfoundation.org> to register or call Jon at the number below.**
- 2. Other upcoming workshops: 5/1-ACT Fidelity (Columbus); 5/4-ACT Fidelity (Cincinnati); 5/14-ACT 101 and 102 (Toledo).**
- 3. Next ACT Team Leader conference call is 4/18...let me know if you would like to join us so I can send you an agenda. This is a regularly held conference call to network ACT Team Leaders and/or Supervisors.**

***If you would like to be removed from this list, please respond to this email with a request or call Jon Ramos at 513-458-6684.**