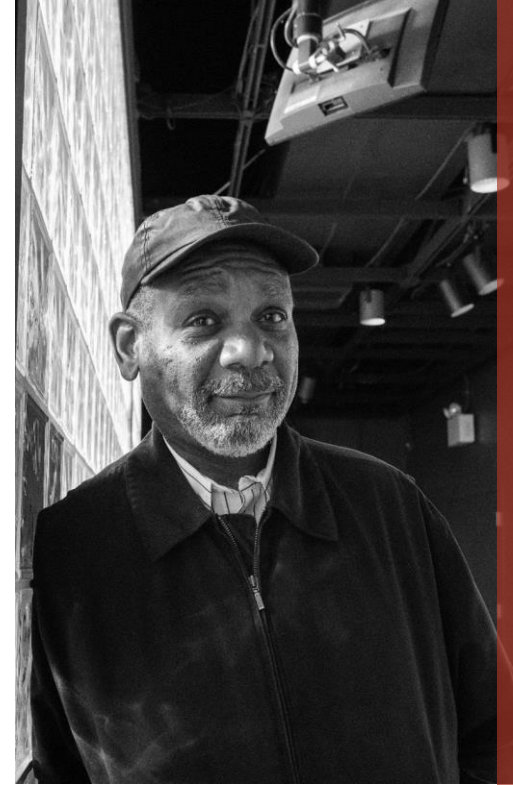




Using the Team Approach in Case Management

Jonas Ehudin, LCSW & Andrew Spiers, LSW

www.HousingFirstUniversity.org



Housekeeping

- We invite you to be present with us!
- If you are seeking CEUs...
 - Stay for the duration of the training
 - Participate in discussion
 - Respond to all polls
- Questions and comments welcome throughout
- Course evaluation is required to receive a certificate
- Closed captioning is available



Today's Agenda

- What is Assertive Community Treatment (ACT)?
- Meet the Pathways' ACT team
- Team communication and logistics
- Clinical supervision
- Group brainstorm
- Review and Q&A



Learning Objectives

- Name three benefits of a team approach in providing services.
- Conceptualize a “typical day” for an ACT team, from morning rounds through nighttime coverage by the on-call staff.
- Identify key areas for growth and development by my agency toward a team approach.



Poll

What do your agency's supportive services currently look like?

- We use a team model.
- Our case managers have individual caseloads.
- Something else (describe in the chat).



ACT/ICM & Housing First



Advantages of the team approach



Utilizes variety of skills and approaches



May reduce problematic attachment



Shares burdens and joys



Mitigates impacts of staff turnover

5.34. Program staff function as a multidisciplinary team; clinicians know and work with all program participants.

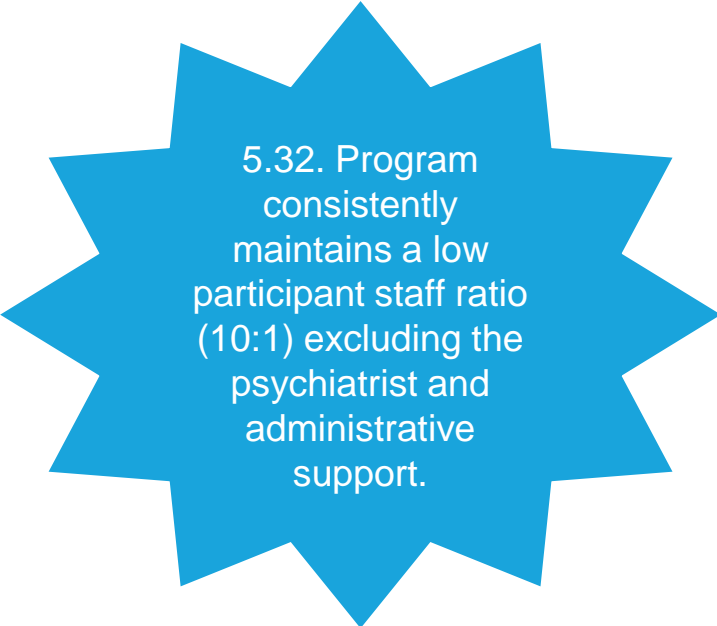
Intensive Case Management

- Serve individuals with mild-to-moderate mental health & substance use needs
- Generalist case worker with individual case load
- Broker specialty services from other agencies
- Moderate staff-to-participant ratio (1:10-1:20) depending on severity of client needs
 - Case managers are familiar with one another's clients in order to substitute in when need arises
- Teams meet on a weekly basis (2-4 hours)
- Intensive and frequent client contact
- 24/7 support in community
- No pre-determined time limit



Assertive Community Treatment

- Serves individuals with severe mental health & substance use needs
- Interdisciplinary team with shared caseload
- Low staff-to-participant ratio (1:10)
- Teams meet on a daily basis (1 hour)
- Intensive and frequent client contact
- 24/7 support in community
- No pre-determined time limit



5.32. Program consistently maintains a low participant staff ratio (10:1) excluding the psychiatrist and administrative support.

Fidelity to the ACT Model

- Higher fidelity linked to lower costs, better outcomes (housing, employment, etc.)
- [SAMHSA ACT evaluation](#)
 - 28-measure scale, rated 1 to 5
 - Measures fidelity at the team level
 - Assesses **current** services and behavior
- [Dartmouth Assertive Community Treatment Scale \(DACTS\)](#)

Meet the Team



Service Coordinators

- Perform majority of case management work
- Rotate through on-call coverage schedule
- Serve as office staff once per week
- Billable productivity requirement
- Floaters serve multiple teams
- Specialize to meet participant needs
- *Who are your frontline staff?*

4.23. Program offers services to help participants maintain housing, including assistance with subsidies, utility setup, neighborhood orientation, landlord relations, property management, budgeting, and shopping.



Substance Use Specialist

- Provide case management to entire caseload
- Focus on participants with substance use needs
- Enhanced training and pay scale
- Facilitate connections with external providers
 - Supports inpatient admissions
 - Coordinates intensive outpatient treatment
- *How are substance use needs currently addressed in your program?*



4.30. Program is involved in inpatient treatment admissions and works with inpatient staff to ensure proper discharge.

Forensic Liaison

- Provide case management to entire caseload
- Focus on participants who are "justice-involved"
- Bridge between Pathways and prisons/jails
 - In-person visits (prisons, POs, court)
 - Coordinates case conferences
 - Supports re-entry, re-establishment of chronic homeless status, etc.



Employment Liaison



- Provide case management to entire caseload
- Focus on supporting employment efforts
- Collaborate with Vocational Specialist
- Facilitate employment readiness training
- Support job search (resume to interview)
- *What specialized staff do you have?*

4.26.
Supported
employment
services are
provided
directly by the
program.

Certified Peer Specialist



5.37. Program has a staff member with professional status on team who meets local standards for certification as a peer specialist or meets specified qualifications.

- Team member with lived experience
- Non-billable support for other team members
- Engages participants with extended supports
- Active part of Community Inclusion program
- Recovery-focused (WRAP plans, AA meetings, etc.)
- *Are there peer structures at your organization?*

Registered Nurse/Service Coordinator

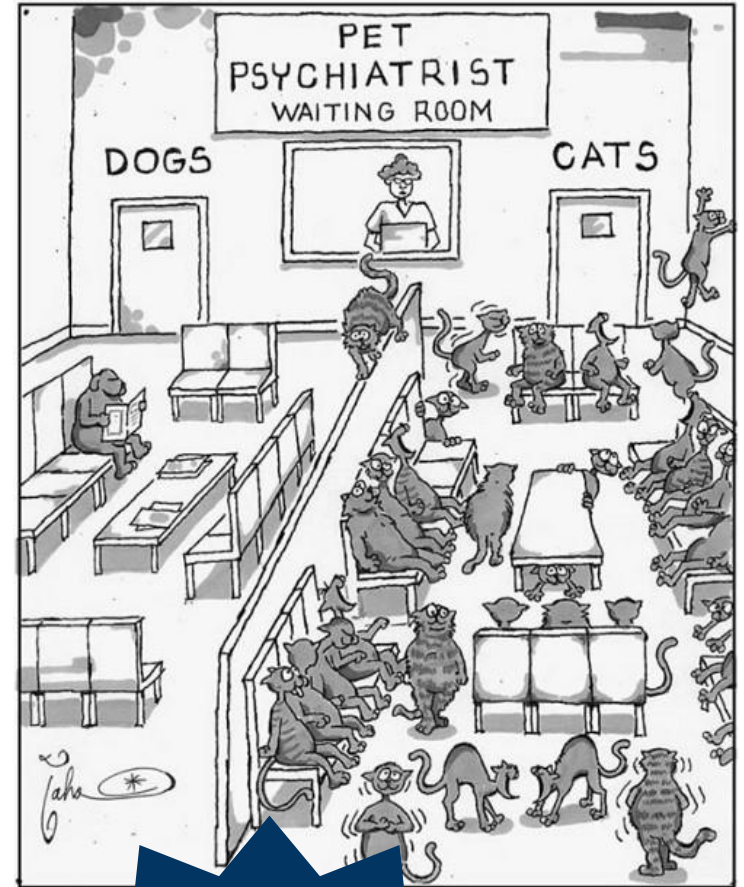


- Manage team medical & medication issues
- First choice to support participants at appointments
- Coordinate monthly medical rounds, maintain tier system, bridge between team and Integrated Care clinic
- Provide non-medical case management as needed
- Coordinate with Medical Case Manager (if present)
- Harder to come by since COVID
- *Where do your clients receive nursing care?*

4.27.
Nursing
services are
provided
directly by
the program.

Psychiatrists

- Serve participants across three ACT teams
- Provides initial, annual and PRN psych evals
- Telehealth & office visits for medication management
- Therapeutic visits with limited number of participants
- Home visits with support of team member
- *Where do your clients receive psych support?*



4.24.
Psychiatric
services are
provided
directly by the
program.

Program Assistant

- Organizational mastermind
- Maintain charts, prepare incident reports
- Manage petty cash and participant funds
- Greet participants, set tone for team room
- Much, much more!
- *Do you have a person that pulls everything/everyone together?*



Assistant Team Leader



- Assist with oversight of daily operations
- Provide service coordination and support for team members as needed
- Cover one-week shift of on-call rotation
- Assume responsibilities of Team Leader when needed
- Supervise Certified Peer Specialist

Team Leader



- Oversight of daily operations
- Limited direct case management
- Responsible for weekly scheduling, service document approvals, billable productivity, discharges, etc.
- Coordinate with housing, finance and HR departments
- Supervise ATL, SCs, PA
- *How are leadership responsibilities assigned and shared at your agency?*

4.29. Program responds to psychiatric or other crises twenty-four hours a day by phone and links participants to emergency services as necessary.

Communication



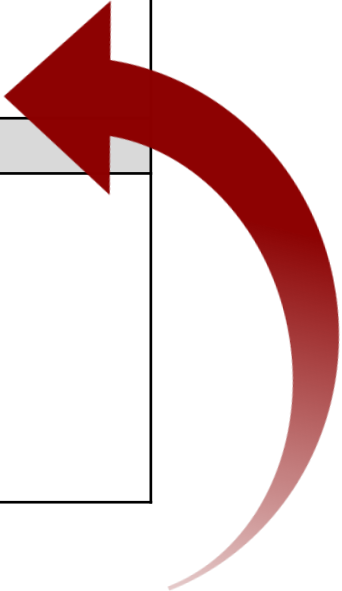
Daily Morning Rounds

	A	B	C	D	E	F
	Name		Neighborhood	HV	NP	Other Svc
1						
2			Germantown	4/21/2021		ff 4/12/21
3			West Philly	4/23/2021		cc 4/5/21
4			Germantown	4/19/2021		cc 4/26/21
5			Northeast	4/23/2021		ff 4/23/21
6			Strawberry Mansio	4/15/2021		cc 4/22/21
7			Center City	10/5/2020		cc 4/14/21
8			Northeast	4/23/2021		hv 4/22/21 g
9			Germantown	4/23/2021		cc 4/19/21 g
10			Germantown	4/27/2021		ff 4/23/21
11			Northeast	4/22/2021		hv 4/16/21 g
12			Allegheny	4/16/2021		cc 4/23/21
13			West Philly	4/22/2021		cc 3/25/21
14			Northeast	4/23/2021		cc 4/13/21
15						
16						
17			Germantown	4/26/2021		pc 4/23/21
18			Northeast	4/20/2021		hv 4/22/21 g
19			Office Area	4/26/2021		cc 4/20/21
20			Frankford	4/26/2021		pc 4/16/21
21			Strawberry Mansio	4/15/2021		ff 4/23/21

- 9-10 am
- All staff meet in team room
- Opportunity to open with brief team building
- Participant roster guides discussion
- Home Visit tracking spreadsheet updated
- Case conferences planned for lengthier conversations
- *What regular communication rituals do you have?*

5.36. Program uses a daily organizational meeting to conduct a brief, clinically relevant review of all participants and contacts in past twenty-four hours, and to develop a daily staff schedule.

Compliance tracking	Financial
<ul style="list-style-type: none"> ✓ Date of last contact ✓ Face-to-face or phone ✓ Home, office, or community ✓ Next scheduled contact 	<ul style="list-style-type: none"> ✓ Next financial disbursement ✓ Status of public benefits
Home	Health
<ul style="list-style-type: none"> ✓ Maintenance issues ✓ Outstanding work orders ✓ Plumbing (hot and cold water) ✓ Appliances functioning ✓ Heating or cooling issues ✓ Cleanliness & Food Supply 	<ul style="list-style-type: none"> ✓ Covid: symptoms/masks/precautions ✓ Upcoming appointments ✓ Medications ✓ Mental status/psych symptoms ✓ Substance use ✓ Naloxone supply
Social	Other
<ul style="list-style-type: none"> ✓ How have you been spending your time? ✓ Contact with friends/family ✓ Religious or spiritual activities ✓ Interpersonal issues ✓ Relationships with neighbors 	<ul style="list-style-type: none"> ✓ Outstanding tasks ✓ Clinical concerns ✓ Legal issues ✓ Safety issues



Rounds Tip Sheet

Weekly Scheduling

Team	Mon 4/12	Tue
Ralph	Petta-hv, ppwk	
Tonya	RoLi - 1:30 appt @ Wills Eye	
John	ShHo - hv, summer safety-assmt.	
Tamika	LoLe - hv	
Francisco	FlAr - hv, \$	
Karl	BaMc - suppt to SSI	
	SuRo - hv, \$, ppwk	
	AlDa - hv, \$	
	PoCl - hv, suppt to PennDOT	

- Team Leader uses Home Visit tracking form
- Schedule posted in Electronic Health Record system
- Whiteboard version texted to team thread daily
- *Is planning for a week ahead of time useful practice for you?*
- *How do you do it?*

5.33. Program has a minimum threshold of contact with participants to ensure safety and well-being.

Communication Throughout the Day

- Team text thread for rapid support
- Email threads for external collaboration
- Real-time service documents
- FaceTime for telehealth, maintenance issues, etc.
- Integrated care team field visits

5.35. Program staff meet frequently to plan and review services for each program participant.



A “typical” day



- 9-10am
Rounds
- 10:15am
SCs, RN, CPS & ATL *hit the field*
- 10:30am-2pm
Office & clinic hours
- 2:00-3:00pm
Supervision—*TL and office staff*

- Team Leader
Daily & weekly meetings
- On call coverage
5pm-9am & weekend

Clinical Supervision

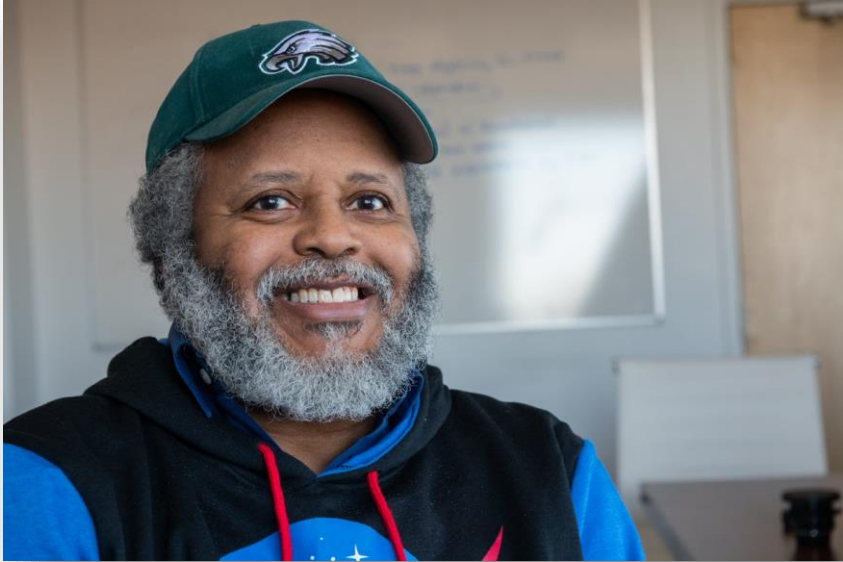
- Strengths-based and solution-focused
- Weekly one-hour individual sessions
- Regular morning group supervision
- Administrative, educational, supportive
- Collaborative agenda
- Documented and signed



Discussion



Case Study: “Mike”



- 55 y/o male with history of substance use & unmanaged diabetes
- Grieving recent death of mother, some SI
- No food in fridge—uncharacteristic
- Reports taking meds, evidence to the contrary
- Reports hanging out with old SU buddies

Case Study: “Pam”



- Home visit attempt—two men in unit
- “Pam doesn’t live here anymore.”
- Men show SC apt. keys and mail
- Pam arrives home, says the men are cousins
- Pam has history of subleasing, has had dealers take over other units

ACT Team Next Steps Brainstorm



Review

- Team model provides flexibility, shares burdens/joys, mitigates burnout
- Fidelity to ACT model is measured on a scale—OK to be non-fidelity
- Some team members specialize, while all provide general case management support
- Well-designed and monitored communication modes are crucial
- Scheduling is done in advance yet adapts to realities in the field
- Clinical supervision is essential to maintain direction and effectiveness

References

- Bond, G. R., & Drake, R. E. (2015). The critical ingredients of assertive community treatment. *World psychiatry : official journal of the World Psychiatric Association (WPA)*, 14(2), 240–242. <https://doi.org/10.1002/wps.20234>
- Erney, J. L. (2008). *Mental Health and Substance Abuse Services Bulletin: Assertive Community Treatment (ACT)*, Commonwealth of Pennsylvania Department of Public Welfare.
- Moloney, G., & Francis, A. (2014). ‘Recognising the Blind Spot’: An Edge for Growth and Transformation Through Strengths Based Supervision. *International Journal of Innovation, Creativity and Change*, 1, 1-21.
- Morse, G., Salyers, M. P., Rollins, A. L., Monroe-DeVita, M., & Pfahler, C. (2012). Burnout in mental health services: A review of the problem and its remediation. *Administration and Policy in Mental Health and Mental Health Services Research*, 39(5), 341-352.
- Salyers MP, Tsemberis S. ACT and recovery: integrating evidence-based practice and recovery orientation on assertive community treatment teams. *Community Ment Health J.* 2007 Dec;43(6):619-41. doi: 10.1007/s10597-007-9088-5. Epub 2007 May 21. PMID: 17514503.
- Tsemberis, S. J. (2010). *Housing first manual: The Pathways model to end homelessness for people with mental illness and addiction*. Center City, MN: Hazelden.



A program of Pathways to Housing PA

Jonas Ehudin, LCSW

Behavioral Health Therapist

JEhudin@pthpa.org

610-731-5785

Andrew Spiers, LSW

Director of Training and Technical Assistance

ASpiers@pthpa.org

215-390-1500 ext. 1708

To learn more visit

www.HousingFirstUniversity.org

